1. POISONING AND ANIMAL BITE AND DERMATOLOGY:

1. A 75-year-old farmer was admitted after being found collapsed in a garden shedsurrounded by a number of empty containers. on clinical examination, the patient hadsmall pupils, a heart rate of 50 beats per minute, and was frothing at the mouth. What isthe most likely diagnosis?

a. Carbon monoxide poisoning
b. Organophosphorus poisoning
C.Snake bite
d. Cocain overdose

Ans: B

2. A 24-year-old man presented few hours after an overdose of paracetamol 30g He hasrespiratory rate of 14 and blood pressure of 100/60 mmHg Which one of the followingis the most appropriate management?

a. Oral activated charcoal
b. Intravenous flumazenil
c. 500 ml of 10% glucose intravenously over four hours.
d. Intravenous naloxone

Ans: a

3. Which of the following complication is most commonly associated with salicylatepoisoning?

a. Hypoglycemia
b. Metabolic acidosis
c Metabolic alkalosis
d. Respiratory acidosis

Ans: B

4. A 35 year old woman presents in emergency department after accidental ingestion ofdrain deaner. Which of the following emergency management is contraindicated in this

a. Intravenous fluid
b. Gastric lavage
C Airway protection
d. Oxygen inhalation

Ans: B

5. Which of the following is the most important causative factor in the development ofobesity in the majority of patients?

a. Energy intake in excess of expenditure
b. Genetic predispos tion
c. Insulin resistance
d. intrauterine malnutrition

Ans: a

6. A 60 year old man, smoker complains of double vision. He finds that he has difficulty inclimbing stairs. He has difficulty getting items off high shelves at work. Reflexes areabsent but elicited after exercise. What is likely diagnosis?

a Diabetes mellitus
b Thyrotoxicosis
c Lung cancer
d Stroke

Ans: B

7.A 38 years old computer operator, K/C of HTN on betablocker, come to skin Oppwith complain of white silver plaques on his knees, elbows, sacrum and scalp forthe last two years. His two siblings are suffering with the same disease

Which one of the following is the precipitating factor for this condition?

a) hereditary condition
b) Drug
c) Stress
d) Sunlight

Ans: B

8. A 20 years emotionally disturbed girl presented in skin OPD with complain ofgrouped vesicles on her lips which exacerbated every month with her menstrualcycle.

What is the most common likely diagnosis?

a) Herpes zoster
b) herpes simplex
c) Erytnema multiforme
d) Steven jhonson syndrome

Ans: a

9. A 20 years old obese girl presented in skin OPD with complain of papules, pustulesand nodules on her face, shoulder along with hair fall from scalp, excessive hairgrowth on her chin and chest with irregular menstrual cycle.

Which one is the most common condition she is suffering from?

a) Nodulocystic acne
b) Polycystic ovary
c) Adult acne
d) Cystic Acne

Ans: B

10. An eight-year-old child presented to skin OPD with white hypopigmented, nonitchy patches around eyes, lips and nails for the last two years.

What is the pathogenesis of this condition?

a) Congenital lack of pigmentation
b) Increase in the number of melanosomes
c) Autoimmune destruction of melanocyte
d) Benign proliferation of melanocytes

Ans: c

11.A forty-year-old Diabetic man presented in skin OPD with fever and redness andswelling of his left leg since one day. On examination, temperature is 100°F andthere was mild swelling erythema with define margin and tenderness of his leftlower leg

What is the likely condition he is suffering from?

a) Erysepilas
b) Cellulitis
c) Necrotizing fascitis
d) Deep fungal infection

Ans: B

12. A 30-year-old woman presents to the emergency room 4 hours after swallowing 34 tablets of paracetamol. On arrival: HR 120/minute, BP 110/80 mmHg, RR 20/ minute. Which of the following is most important initial management step?

a Administration of activated charcoal
b Administration of N Acetyl cysteine
c Transfer to the liver transplant unit
d Referral to psychiatry for review

Ans: B

13. A 3-year-old girl presents with severe prunitus for three weeks. Her sister is also starting to itch. She wakes up frequently during the night and is unable to sleep because of the itching. She has developed small papulovesicular lesions on her trunk especially around umbilicus, thighs and hands. There are fine linear and curved lesions in her finger webs. The most suitable treatment would be

a Oral acyclovir
b Permethrin cream
c Oral cloxacillin
d Topical hydrocortisone cream

Ans: B

Treatment	Dosage	Advantages	Disadvantages/contraindications
Sulphur	2–10% precipitate in petroleum base	Safe for infants, pregnant and lactating women; inexpensive	Noxious and malodorous, and may cause skin irritation; multiple treatments required; lack of safety and efficacy data
Crotamiton	10% ointment	Safe for infants; reported antibacterial and antipruritic activity; low toxicity; well tolerated	Clinical efficacy questionable; multiple treatments required; resistance reported
Benzyl benzoate	25% ointment	Effective; inexpensive	Can cause severe skin irritation; contraindicated in pregnant women and infants
Lindane	1% lotion or cream	Effective; inexpensive	Can cause numbness, cramps, dizziness, seizures in children; contraindicated in pregnant women and infants; resistance reported; withdrawn in several countries owing to neurotoxicity concerns
Permethrin	5% cream	Effective; well tolerated; safe	May rarely cause skin irritation; expensive; resistance reported
Ivermectin	Oral, 200 µg/kg	Broad-spectrum antiparasitic; convenient; few side effects	Contraindicated in pregnant women and infants (owing to current lack of safety data); optimal dose regimen uncertain; expensive; resistance reported

14. A 5-year-old boy has a single large boggy plaque with multiple with multiple pustules, on the scalp for 4 weeks. There is patchy loss of hair over the lesion. Hair are easily pulled out of the lesion. There is no history of fever. The most appropriate treatment would be:

a Oral acyclovir
b Oral cloxacillin
c Oral terbinafine
d Topical permethrin

Ans: C

15. A 50-year-old man presents with two well demarcated plaques on the left arm. The plaques are scaly and anesthetic. The ulcer nerve is palpable and enlarged in the left arm. What is the most likely diagnosis?

a Hereditary sensory motor neuropathy
b Lepromatous leprosy
c Psoriasis
d Tuberculosis leprosy

Ans: B

Anaesthetic patch	Diffuse skin and mucous membrane infiltration, nodules
Cell mediated immunity (CMI) is normal	CMI is absent
Lepromin test—positive	Lepromin test—negative
Bacilli rarely found in biopsies	Skin and mucous membrane lesions teeming with bacilli
Prolonged remissions with periodic exacerbations	Progresses to anaesthesia of distal parts, atrophy, ulceration, absorption of digits, etc.

16. A 25-year-old soldier presents with high grade fever followed after two days by a polymorphic rash affecting the trunk and limbs. There are papules, vesicles, pustules and crusting. The oral mucosa also shows a few erosions. What is the most likely diagnosis?

a. Chicken pox
b. Impetigo
c. Scabies
d. Viral warts

Ans: A

17. A 5-year-old boy has golden crusted lesion on his nose for the past 3 days. He does not have fever. What is the most likely diagnosis?

a. Cutaneous Leishmaniasis

b. Furuncle
c. Impetigo
d. Tinea face

Ans: c

18. A 20-year-old soldier presents with maceration of the 3 interdigital cleft of the left foot. There is significant itching. Which of the following is the treatment of choice?

a. Oral penicillin v
b. Topical fluidic acid
c. Topical isoconazole nitrate
d. Topical neomycin sulphate

Ans: c

19. A 3-year-old boy presents with generalized prunitus which is worse at night for the past 3 weeks examination of the side of his fingers an 'S' shaped lesion is seen at the end of which is a vesicle. scraped part will reveal which of the following?

a. Giant cells containing viral particles
b. Gram positive bacteria
c. Fungal hyphae
d. Sarcoptes scabei mite

Ans: d

20. A 35-year-old woman present with multiple coin sized patches of hair loss in the scalp. Examination revealed no scar with exclamation mark hair at the edge of the patch. What is the most likely diagnosis?

a. Androgenetic alopecia
b. Alopecia areata
c. Chronic discoid lupus erythematosus
d. Lichen planus

Ans: B

21. A 5-year-old child presents with a boggy swelling on the scalp pustules and loss of hair. There is no history of fever. One of his younger sibling has an annular patch on the hand. What is most likely diagnosis?

a. Lichen planus
b. Pediculosis capitis
c. Seborrheic dermatitis
d. Tinea capitis

Ans: d

22. A 45-year-old gentleman presents with erythematosus well demarcated plaques with silvery scales on the knees, elbows and back for 6 months. The lesions involve 20% of his body surface area He also body surface area. He also has pain and swelling in both knee joints as well as in the left elbow. Which of the following is the most appropriate treatment for this patient?

a. Oral prednisolone
b. Oral Methotrexate

c. Topical corticosteroids
d. Laser therapy

Ans: B

TABLE 2: PSORIASIS TREATMENTS

Treatment	Comments
Topical agents	Topical agents are applied directly to the skin in the form of creams or ointments. These agents reduce inflammation, slow down the immune system, help skin peel, and unclog pores.
Systemic treatments	Systemic treatments suppress the immune system and are used for moderate to severe psoriasis.
Biologics	Biologics are used for moderate to severe psoriasis. Biologics target specific parts of the immune system instead of affecting the entire immune system as systemic treatments do.
Light therapy	Natural or artificial ultraviolet light can be used to slow down the growth of skin cells. Light therapy is often combined with medication.
Combination therapy	More than 1 agent is prescribed. Combination therapy leads to better results.
Psychological support	People with psoriasis often become depressed, self-conscious, and fearful of social rejection. Psychological counseling can help patients cope.

Adapted from references 10-12.

23. A 30-year-old male has been brought with six hours history of methanol intoxication. He is drowsy and tachypnea.Which one of the following should be administered after drawing his various blood samples?

a. IV flumazenil
b. IV naloxone
c. IV calcium gluconate
d. IV soda bicarbonate

Ans: d

24. A 30-year-old man has been under care of psychiatrist. He has been brought by his family with history of drowsiness since morning. His BP is 85/40mmHg, pulse 140/min and he has dry skin. He has dilated pupils. What is the likely diagnosis?

a. Encephalitis
b. Post coital drowsiness
c. Tricyclic antidepressant toxicity
d. Salicylate toxicity

Ans: c

25. Mee's lines are commonly seen in individuals who are chronically exposed to:

a. Arsenic
b. Copper
c. Iron

d. Manganese

Ans: a

26. Mesothelioma is associated with exposure to:

a. Benzene
b. Nickel
c. Mercury
d. Asbestos

Ans: d

27. A 50-year-old male has presented with six months history of cough and exertional dyspnea. There is no fever, Chest X-rays show bilateral nodular opacities. Which of the following will be relevant to explore?

a. Occupational history
b. History of drug intake
c. Family history
d. Smoking history

Ans: a

28. 25 years old male presented with itchy skin lesion for few days. On examination she hadvesicular, erythematous and oozing lesion on his hands. What is your diagnosis?

a. Atopic dermatitis
b. Carbuncle
c. Eczema
d. Impetigo

Ans: a

29. 30year old female presented with skin lesion and mild itching for the last ten years. Familyhistory of similar skin lesion was positive in her sister. On examination he had multipleerythematous plaques with silvery scales over elbow, knee, and back and on scalp. He hadpitting on nails with hyperkeratosis. What is first line of treatment for this patient?

a. Systemic Retinoid and Topical Steroids
b. Systemic steroids and Topical Retinoid
c. Systemic Antihistamine and Topical Steroids
d. Topical Steroids and Topical Retinoid

Ans: B

30. 20year old female presented with well circumscribed patch of hair loss on scalp for 2months. skin appear normal with no erythema or scaling Exclamtion mark sign waspositive. What is your diagnosis?

a. androgenic alopecia
b. Alopecia areata
c. Acute Telegen effluvium
d. Tricho-tlomania

Ans: B

31. 35year old female presented with itchy eruption on arms that develop after threading. On examination multiple pinpoint erythematous lesion were present. What is yourdiagnosis?

a. Ecthyema
b. Folliculitis
c. Impetigo
d. Tinea corpons

Ans: B

32. 2years old male presented with painless lesion on hand for the last 2 months. OnExamination 2x3cm non-tender erythematous dry scaly lesion with mild induration waspresent on the dorsal surface of hand. Regional lymph nodes were not palpable. What isyour diagnosis?

a. Contact Dermatitis
b. Eczema
c. Leprosy
d. Leishmaniasis

Ans: a

33.A 15 year old female present with recurrent episodes of transient wheal formation on herbody for the last 2 months. What is your diagnosis?

a. Acne
b. Carbuncle
c. Rosacea
d. Urticaria

Ans: d

34. 30 years old female presented with itchy skin lesion for 2 months that got aggravated after mosquito spray. On examination she had scaly, erythematous lesion on her handsand arms. What is your diagnosis?

a. Atopic dermatitis
b. Contact dermatitis
c. Eczema
d. Psoriasis

Ans: a

35. 35year old male presented with skin lesion and mild itching for the last five years. Family history of similar skin lesion and asthma was positive. On examination he had multipleerythematous scaly lesion over extensors. What is likely diagnosis?

a. Atopic dermatitis
b. Contact dermatitis
c. Lichen planus
d. Psoriasis

Ans: a

36. 38 years old boy presented with skin lesion on right side of abdomen for 2 days. Onexamination he had grouped vesilcular lesion in the distribution of L 2

dermatome witherythematous base. What is the treatment of choice for this patient?

a. Systemic Antihistamine and Topical Antiviral
b. Systemic Antibiotics and Systemic Antiviral
c. Systemic Antibiotics and Topical Antiviral acid
d. Systemic Antihistamine and Topical antibiotics
e. Only topical antivirals and neuropathic pain killers

Ans: e

37. 30year old male presented with excessive hair fall for the last five years. Family history ofbaldness is positive. On examination he has frontoparietal recession of hair line anddiffuse reduction in hair density. Scalp skin was normal. What is your diagnosis?

a. Androgenic alopecia
b. Alopecia erriata
c. Alopecia diffusa
d. None

Ans: a

38. An obese lady presents with complains of velvety blackish patches around her neck and axill a.Which test will be most appropriate for her?

a. HbA1c
b. Thyroid profile
c. serum Cortisol
d. serum testosterone

Ans: a

39. A 12 year old boy presents with silver scalypatches on the extensor surface of elbows andthe knees and around the navel. The mostlikely diagnosis is:

a) Atopic eczema
b) Candida
c) Alopecia
d) Psoriasis

Ans: a

40. A young soldier is brought to ER by 1122 in comatosed state was found near bus terminal with a bag full of clothes You suspecting benzodiazepine poisoning? What is antidote for this poisoning?

a. Flumazenil
b. Naloxone
c. Beta blocker
d. Glucagon

Ans: a

Drugs and Poisons Treated With Specific Antidotes

Drug/Poison	Antidotes
Acetaminophen	*N*-acetylcysteine
Anticholinergics	Physostigmine
Anticholinesterases	Atropine
Benzodiazepines	Flumazenil
Black widow spider bite	Equine-derived antivenin
Carbon monoxide	Oxygen(100% or hyperbaric)
Coral snake bite	Equine-derived antivenin
Cyanide	Amyl nitrite, sodium nitrite, sodium thiosulfate, oxygen
Digoxin	Digoxin-specific Fab antibody fragment
Ethylene glycol	Fomepizole, Ethyl alcohol
Isoniazid	Pyridoxine
Heavy metals (arsenic, copper, gold, lead, mercury)	Dimercaprol (BAL), EDTA, penicillamine
Hypoglycemic agents	Dextrose, glucagon, octreotide
Isoniazid	Pyridoxine
Methanol	Ethanol or fomepizole, folic acid
Methemoglobinemia	Methylene blue
Opioids	Naloxone
Organophosphate	Atropine, pralidoxamine
Rattlesnake bite	Equine-derived antivenin

41. A 20 year old male presents with mucus and repeated gastrointestinal bleeding Patientis positive for ANCA. The most likely diagnosis is

a. Ulcerative colitis
b. Crohn's disease
c. Radiation colitis
d. Ischemic bowel disease

Ans: a

42 Hypotension in Acute Spinal Cord Injury is due to

a. Loss of Sympathetic tone
b. Loss of Parasympathetic tone
C. Vasovagal Attack
d. Orthostatic Hypotension

Ans: a

43. Which of the following parasitic infestation can lead to malabsorpton syndrome?

a. Amoebiasis
b. Ascariasis
c. Hookworm infestation
d. Giardiasis

Ans: d

44. A 30 year old lady presents with features of malabsorption and iron deficiency anemia, Duodenal biopsy shows complete villous atrophy. Which of the following antibodies are likely to be present in this lady?

a. Antiendomysial antibodies
b. Ant-goblet cell antibodies
c. Anti-saccharomyces cerevisiae antbodies
d. Ant-neutrophil cytoplasmantbosies

Ans: a

45. A 12 year old girl has history of recurrent bulky stools and abdominal pain since 3 year ofage. She has moderate pallor and her weight and height are below the 3rd percentile.Which of the following is the most appropriate investigation to make a specie diagnosis

a. Small intestinal biopsy
b. Barium studies
c. 24-hr-fecal fat estimation
d. Urinary D-xylose test

Ans: a

46. Antimitrochondrial antibody is associated with which of the following disease

a. Primary biliary cirrhosis
b. Chronic active hepatos
C. Mixed connective tissue disease
d. Polyarterits Nodosa

Ans: a

47. You are called to the antenatal ward to see a pregnant lady who has become quite unwell. On examination she has extensive areas of confluent erythema and numerous pustules. Despite being pyrexial initial swabs from a pustule grow no organisms. What is the likelydiagnosis?

a Generalized pustular psoriasis
b Staphylococcal scalded skin syndrome
c Toxic epidermal necrolysis
d Eczema herpeticum

Ans: c

48. A 32 year old woman presents with erythematous, macular non-tender "wing-shaped" rashover the bridge of nose and cheeks. Which one of the following is suspected?

a. Systemic sclerosis
b. Dermatomyositis
c. Systemic lupus erythematosus
d. Rheumatoid arthritis

Ans: B

49. A 32-year-old female pharmacist presents with hand dermatitis. On examination her handsare dry and cracked with erythema and mild paronychia At work she wears vinyl gloveswhenever handling medicines and washes her hands regularly. She has no particularhobbies as she is busy with her three young children,

a. Contact dermatitis
b. Atopic dermatitis
c. Allergic dermatitis
d. Fixed drug eruption

Ans: a

50. A 55 year old man presented with history of weight loss and hyperpigmentation of skin inaxilla and nape of neck. On palpation the texture of hyper pigmented area feels velvety.You suspect that the patient has acanthosis nigricans secondary to malignancy. Which one of the following condition is most commonly associated with this dermatological presentation?

a. Prostate Carcinoma
b. Testicular Carcinoma
c. Gastro intestinal Carcinoma
d. Lung Carcinoma

Ans: c

51. Which one of the following conditions is a cause of generalized cutaneoushypopigmen-tation?

a. Phenylketonuria
b. Vitiligo
C. Tuberous Sclerosis
d. Leprosy

Ans: B

52. A heart failure patient using Furosemide for dyspnea & edema. Which of the followingside effect caused by this drug

a. Hypokalemia
b. Hyperkalemia
c. Hypertension
d. Hypocalcaemia

Ans: a

53. A 33-year-old man with coeliac disease presents with a blistering rash over the elbowsand scalp. A diagnosis of dermatitis herpetiformis is made. Which one of the following isdrug of choice?

a. Oral Prednisolone
b. Dapsone
c. Acyclovir
d. Fluconazole

Ans: a

54. A 53 year old lady with history of arthritisfor last 3 years and depression for 1 year isbrought with history of ingestion of 20 tablets ofparacetamol about 10 hours ago. She hasnausea and has vomited once. Which drugwould be most appropriate to treat her?

a. flumezanil
b. Atropine

c. Charcoal
d. N-acetyl cystine

Ans: d

55. A 40 year old farmer has been brought to emergency department in confused state. According to is relatives, he was spraying pesticide on rice field when he became sick. On examination, he is confused, BP is 100/60 mmHg, Pulse is 45bpm, respiratory rate is 16 and SpO2 is 98% on air. He has small pupils. He is sweating profusely and there is frothing from his mouth. Assuming there is poisoning. What antidote would be useful?

a) Atropine
b) Flumazenil
c) Naloxone
d) I.V sodium bicarbonate

Ans: a

56. A 25-years old female presented with dermatitis, chellosis, glossitis, depression &confusion. What is your probable diagnosis?

a) Vitamin C deficiency
b) Vitamin B1 deficiency
c) Vitamin B6 deficiency
d) Riboflavin deficiency

Ans: B

Q.57 A 45 years old patient has been diagnosed with Leprosy. What is the most appropriate drug to start in this patient?

a) Dapsone
b. Rifampicin
c Leflunamide
d Methotrexaxte

Ans: a

Q.58 A 22 years old patient presented with non-itchy, erythematous, symmetrically distributed macular lesions over trunk and papulosquamous lesions over both palms along with a few oral mucosal patches and lymphadenopathy. What is the likely diagnosis?

a. HIV infection
b. HBV infection
c. Toxoplasmosis
d) Syphilis

Ans: d

Q.59 A biopsy is taken from one of the several red, tender, subcutaneous nodules from the anterior lower legs of a young man. On histopathology, there is panniculitis (inflammation of subcutaneous fat) with widening of tissue septa from edema, increased neutrophils, and fibrin exudation. Which of the following diseases is often present in someone having these nodules?

a. Acne vulgaris
b. Crohn's disease

c. Pancreatitis
d. Psoriasis

Ans: B

Q.60 An 8 years old girl presents with history of itching for last 3 weeks. Itching is severe specially at night. Few lesions can be seen on her both hands. One of her younger brother also has same symptoms. What is the pathognomonic lesion of most likely disease in this case?

a. Papule
b. Nodule
c. Vesicle
d. Burrow

Ans: d

2. NEUROLOGY

1. Fasciculation are seen in which of the following disease?

a.Myesthenia Gravise
b.Motor neuron disease
c.Duchene's muscular dystrophy
d.Polymyositis
e. Fibromyalgia

Ans: B

2. Which one of the following conditions is characterized by absent ankle jerks and up-goingplanters?

a.B12-Deficiency
b. Multiple sclerosis
c.Friedreich's Ataxia
d.Cord compression

Ans: a

3. A 36 year old women presents vertigo and unable to walk properly. On examination shehas Nystagmus and is able to stand with her feet together. Upon closing her eyes.however she is unable to keep her balance what is the diagnosis?

a. Diabetes mellitus
b. Alcohol abuse
c.Cerebellar disease
d. Visual problem

Ans: c

4. Which of the following is associated with parkinsonian feature?

a Lead Poisoning
b Rernicterus
c.Wilson's disease
d. Chronic carbon dioxide retention

Ans: c

5. An 81-year-old woman with long standing idiopathic Parkinson disease is brought to the family for progressive confusion. On examination on she has a temperature of 38.6°C and she may have recently run out of her carbidopad-levodopa medication, Which of the following treatments is most like

a. Haloperidol
b. Quetiapine
c. Tramadol
d. Dantrolene

Ans: d

	Serotonin Syndrome	Neuroleptic Malignant Syndrome
Precipitant	Serotonergic agents	Dopamine antagonists
Onset	Abrupt > gradual	Gradual > abrupt
Vital Signs	HTN, tachycardia, tachypnea, hyperthermia (>40C)	
Course	Rapidly resolving	Prolonged
Skin	diaphoretic	
Muscles	Increased tone, tremors, choreaathetoid movements	Diffuse Rigidity "lead pipe"
Reflexes	Hyperreflexia, clonus	Decreased
Pupils	Mydriasis	Normal
Bowel Sounds	Hyperactive	Normal-decreased

6. Based on a contemporary tissue-based and area of ischemic tissue involved in ischemic stroke, which of the following is the gold standard investigation

a. Non contrast head computed tumor
b. Contrast enhanced head computed
c. Diffusion-weighted brain MRI
d. T1-weighted brain magnetic resonance image

Ans: c

7. A 60-year-old man with a slowly progressive MS the best treatment option for this patient?

a. Interferon beta-la
b. Glatiramer acetate
c. Natalizumab
d. Aggressive physical medicine and rehabilitation

Ans: a

8. A 75-year-old man presents to the emergency with sudden severe headache computed tomography of the head, showed a bleed of 2*2mm in deep cerebral white matter, the patient denied any use of anticoagulant or head trauma. Which of the following is the most likely cause?

a. Hypertension
b. Cerebral amyloid angiopathy
c. Cerebral metastasis
d. Ruptured middle cerebral artery aneurysm

Ans: a

9. A 59-year-old man is referred by his primary care physician for evaluation of falls. On examination he has an ataxic, wide based gait and mild appendicular ataxia.Imaging of his brain demonstrates significant atrophy of the cerebellum vermis. Use of which of the following medications would be important for you to assess in your history?

a. Fluoxetine
b. Lovastatin
c. Hydroxychloroquine
d. Phenytoin

Ans: d

9. Which of the following is a risk factor for Alzheimer disease?

a. Head trauma
b. Higher socioeconomic status
c. Male sex
d. Above-average academic performance

Ans: a

10. A patient with parkinsonism begins to have difficulty with memory and executive dysfunction. What is the most likely diagnosis?

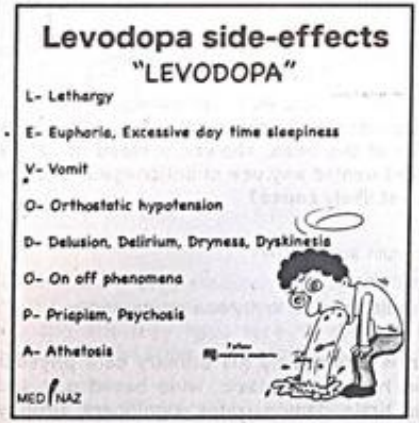
a. Pseudobulbar affect
b. Depression
c. Frontotemporal dementia
d. Dementia with Lewy bodies

Ans: c

11. You have diagnosed slowly progressive idiopathic Parkinson disease in a 78-year-old man. His bradykinesia and rigidity are well controlled on a regimen of carbidopa-levodopa. Which of the following potential adverse effects should you make the patient aware of

a. Livedo reticularis
b. Impulsive behaviors such as inappropriate gambling
c. Hypertension
d Dry mouth

Ans: B



12. Which of the following is the most significant risk factor for delirium?

a. Age younger than 50 years
b. Underlying cognitive disorder
C. Hypertension
d. Independent living status

Ans: B

13. According to the 2010 modified McDonald criteria for MS, dissemination of inflammation in space cannot be demonstrated by MRI T2 lesions in which of the following areas of the central nervous system?

a Periventricular white matter
b. Juxtacortical white matter
C. Spinal cord
d Optic nerve

Ans: d

2017 McDonald criteria for DIS & DIT

Dissemination in Space (DIS)

- ≥ 1 T2 lesion in at least two out of four areas of the CNS:
  - juxtacortical/intracortical
  - periventricular
  - infratentorial
  - spinal cord

Dissemination in Time (DIT)

- A new T2 and/or gadolinium-enhancing lesion on follow-up MRI, with reference to a baseline scan, irrespective of the timing of the baseline MRI or
- Simultaneous presence of asymptomatic gadolinium-enhancing and non-enhancing lesions at any time

14. A 55-year-old woman presents to your clinic for evaluation on anterior ischemic optic neuropathy. Which of the following is most important to evaluate next

a. Serum creatinine level
b. Cerebrospinal fluid cytology
c. Serum glucose level
d. Erythrocyte sedimentation rate(think of gaint cell arteritis in female of 55 years of age)

Ans: d

15. You are asked to evaluate a 32-year-old man who has vertigo. Which of the follow mechanism for his symptoms would represent peripheral or ottic cause of vertigo?

a. Recent viral upper respiratory infection
b. Ability to walk independently
c. Horizontal Diplopia associated with the symptoms
d. Abnormal head impulse test

Ans: d

16. What is the strongest predictor of outcome after spontaneous intracerebral bleed.

a. Age
b. Severity of clinical deficit
c Hematoma volume
d. Systolic blood pressure

Ans:C

GCS and hematoma volume are the most important factors that determines the outcomes after an ICB

17. You have to evaluate an inpatient who now has seizures in addition to hepatic failure. Which of the following medications would be avoided

a. Valproic acid
b. Lamotrigine
c. Clobazam
d. Lacosamide

Ans: a

18. Which of the following preventives has the best evidence for bipolar disorder?

a. Amitriptyline
b. Topiramate
c. Tizanidine
d. Divalproex sodium

Ans: d

19. Impaired fluency, phonemic paraphasic errors, preserved repetition, and preserved comprehension which aphasia syndrome?

a. Broca aphasia
b. Wernicke aphasia
C. Transcortical motor aphasia
d. Anomic aphasia

Ans: c

	Comprehension	Repetition of Spoken Language	Naming	Fluency
Wernicke's	Impaired	Impaired	Impaired	Preserved or increased
Broca's	Preserved (Except grammar)	Impaired	Impaired	Decreased
Global	Impaired	Impaired	Impaired	Decreased
Conduction	Preserved	Preserved	Impaired	Preserved
Nonfluent (anterior) transcortical	Preserved	Preserved	Impaired	Impaired
Fluent (posterior) transcortical	Impaired	Preserved	Impaired	Preserved
Isolation	Impaired	Echolalia	Impaired	No purposeful speech
Anomic	Preserved	Preserved	Impaired	Preserved except for word-finding pauses
Pure word deafness	Impaired only for spoken language	Impaired	Preserved	Preserved
Pure alexia	Impaired only for reading	Preserved	Preserved	Preserved

20. You decide to start topiramate therapy for a 47-year-old patient with frequent partial seizures. About which of the following potential adverse effects should you counsel the patient?

a. Acral paresthesias
b. Irreversible visual field defect
C. Idiosyncratic hepatic failure
d. Prolonged QT interval

Ans: B

21. When a patient presents with a thunderclap headache, which of the following disorders should you be most concerned Which about?

a. Migraine
b. Subarachnoid hemorrhage
C. Cluster headache
d. Headache secondary to brain tumor

Ans: B

22. Which of the following is a first-line neuropathic pain treatment?

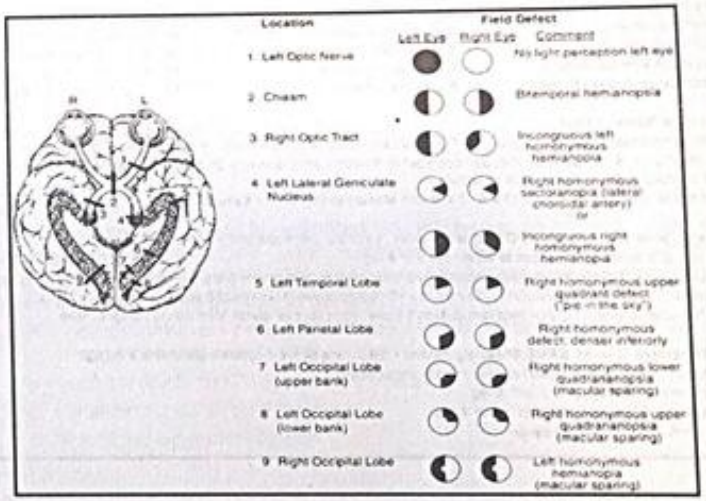
a. Gabapentin
b. Topiramate
c. Venlafaxine
d. Tramadol IV

Ans: a

23. A 78-year-old man with atrial fibrillation comes to the emergency department after abrupt visual changes. You note on examination that he has left homonymous hemianopia.Which of the following localizations would best account for this finding?

a. Right optic neuropathy
b. Midline chiasmal lesion
c. Left temporal optic radiation lesion
d Right occipital cortical lesion

Ans: c


Location
Field Defect
Left Eye
Right Eye
Comment
1. Left Optic Nerve
No light perception left eye
2. Chiasm
Bitemporal hemianopsia
3. Right Optic Tract
Incongruous left homonymous hemianopia
4. Left Lateral Geniculate Nucleus
Right homonymous sectoranopia (lateral choroidal artery)
or
Incongruous right homonymous hemianopia
5. Left Temporal Lobe
Right homonymous upper quadrant defect ("pie in the sky")
6. Left Parietal Lobe
Right homonymous defect, denser inferiorly
7. Left Occipital Lobe (upper bank)
Right homonymous lower quadrantanopsia (macular sparing)
8. Left Occipital Lobe (lower bank)
Right homonymous upper quadrantanopsia (macular sparing)
9. Right Occipital Lobe
Left homonymous hemianopia (macular sparing)

24. Which characteristic best differentiates inflammatory from mechanical backache.

a acute onset
b morning stiffness
c improvement with exercise and worsening with rest
d improve with rest

Ans: c

25. A 28-year-old man is being investigated for recurrent lower back pain and a diagnosis of ankylosing spondylitis is suspected.which one of the following investigations is most useful?

a ESR
b X-ray of SI joints
c MRI LS spine and SI joint
d HLA B-27

Ans: c

26. A patient has present with right sided 3 nerve palsy and left sided upper motor neuron7th nerve palsy. In addition he has left sided hemiplegia with upper motor sign. Whichof the following area brain is involved?

a Cortex
b Mid brain
c Medulla
d Cerebellum

Ans: B

Let's Learn a System for the Brainstem!

Cranial Nerves

Midbrain	Pons	Medulla
1 – Olfactory (smell)	5 – Trigeminal (feel face)	9 – Glossopharyngeal (feel throat)
2 – Optic (see)	6 – Abducens (look to ears)	10 – Vagus (move palate)
3 – Oculomotor (move eyes)	7 – Facial (move face)	11 – Accessory (shrug shoulders)
4 – Trochlear (eye down to nose)	8 – Auditory (hear)	12 – Hypoglossal (move tongue)

4 Brainstem Rules of Four
4 Midline Structures (M's) – Motor tract, MLF, Medial Lemniscus, Motor CN nuclei → Medial = MOTOR
4 Side Structures (S's) – Sympathetic, Spinocerebellar, Spinothalamic, Sensory CN 5 → Side = SENSORY
4 CN in Medulla, 4 CN in Pons, 4 CN in Midbrain
4 Motor Nuclei are divisible into 12 (3,4,6,12 = Motor, Medial) so (5,7,9,11 = Sensory, Side)

4 Medial Structures (Overall: **OPPOSITE** Motor weak, Vibrate, proprioception + same INO)
Motor Tract (Corticospinal) – Opposite weakness arm & leg
Medial Lemniscus (Posterior Column) – Opposite vibration, proprioception arm & leg
MLF (Medial Longitudinal Fasciculus) – Same Look left (but right eye stays straight) or vice versa
Motor CN Nuclei (divide into 12) – Midbrain (3,4) eye move, Pons (6) eye lateral, Medulla (12) tongue move

4 Side Structures (Overall: **SAME** Shaky leg, Horner's SRO, face sense + opposite pain/temp arm, leg)
Sympathetic – Same Horner's SRO (ptosis, miosis, anhidrosis)
Spinocerebellar – Same ataxia in arm & leg
Spinothalamic – Opposite pain/temp in arm & leg
Sensory CN 5 – Same face sensation

27. Which of the following are the ophthalmological features of Homer's syndrome?

a Dilated pupil and ptosis
b Small pupil and ptosis
c Dilated pupil, loss of light reflex, intact accommodation
d Small irregular pupil

Ans: B

28. A 40 years old lady presents with history of fever, headache, seizures and drowsiness for2 days. CT scan brain shows low density lesions in temporal lobe. Cerebrospinal fluidCSF) analysis shows excess lymphocytes. Which of the following is the most likelydiagnosis?

a-Bacterial meningitis
b- Cerebral Malaria
c- Tuberculous meningitis
d- Viral encephalitis

Ans: d

29. A 3 young boy has been brought to OPD for opinion. He developed left lower limbweakness after a febrile illness about 6 months ago. His left leg shows wasting, fasciculations with areflexia.His sensation are normal though. What is the most likelydiagnosis?

a. Tumor at the parasagittal area
b. Brown-sequard syndrome
c. Poliomyelitis
d. Syringomyelia

Ans: c

30. A 50 year old man presents with history of fever, headache, focal fits and stupor for 5 days. On examination, he has 6 nerve palsy on left side which of the following wouldbe your first investigation of choice to confirm the diagnosis?

a- Complete blood count
b- CT scan brain
c- Electroencephalogram (EEG)
d- Lumbar puncture

Ans: B

31. A 20 years old man is admitted in intensive care unit with diagnosis ofmeningococcal meningitis with septicemia. His attendants consult you regardingprimary prevention as they came to know that meningococcal infections can be transmitted from person to person:

a. no prophylaxis needed...**remember no prophylaxis is required for pneumococcal meningitis**
b. oral rifampicin for 2 days for all contacts
c. oral ciprofloxacin for 2 days
d. combine cipro and rifampin

Ans: B

Drug of choice	Age group	Dosage and duration
Rifampin	< 1 month	5 mg/kg orally every 12 hours for 2 days
	> 1 month	10 mg/kg (maximum 600 mg) orally every 12 hours for 2 days
Ceftriaxone	< 15 years	125 mg intramuscularly single dose
	> 15 years	250 mg intramuscularly single dose
Ciprofloxacin	> 18 years	500 mg orally single dose

32. 66 yrs. old male brought with difficulty inspeech and swallowing. Which one featureindicates pseudobulbar palsy?

a) Depressed gag reflex
b) Drooping of the palate
c) Pooling of saliva in the pharynx
d) Tongue is contracted and spastic

Ans: d

Feature	Pseudobulbar palsy	Bulbar palsy
Gag reflex (CN 9, 10)	normal or increased	absent
Palatal movement (CN 10)	Absent	Absent
Speech (CN 10)	spastic dysarthria (labored speech)	flaccid dysarthria (nasal twang)
Tongue (CN 11)	Small and tight, cannot be protruded, lies on floor of mouth	wasted and thrown into folds, motionless fasciculations may be present

33. A 66 year old man is brought to hospitalhaving collapsed to the ground suddenly and was unable to move his right leg and arm for past 1 hr.There was no loss of consciousness. He has apast medical history of hypertension and diabetes. His GCS is 13/15 and is not moving is right side and is dysarthic . Initial CT scan did not show any bleed.What is next best management option?

a. give aspirin 300mg and Urgent MRI brain with DWI and ADC imaging
b. just give 300mg aspirin
c. Repeat CT after 24hrs
d. Urgent Lumbar puncture

Ans: a

34. 15 years old boy presents with high grade fever and headache for 5 days. Onexamination he is drowsy but arousable, Temp: 104 °F, there is neck stiffness and rest ofexamination is unremarkable. His CSf analysis showed 1000cells with predominantneutrophils, glucose 30mg/dl), proteins. 200mg/dl raised and raised openingpressure. Random blood sugar is 100mg/dl. What is the most likely diagnosis?

a. Bacterial meningitis

b. Tuberculous meningitis
c. viral encephalitis
d. cerebral malaria

Ans:A

Cerebrospinal Fluid Interpretation

	Normal	Bacterial	Viral	Fungal	TB	Autoimmune
Appearance	Clear	Cloudy/Turbid	Clear	Clear/fibrin web	Clear/Fibrin web	Clear
Opening Pressure	5-20	Elevated	Normal or Slightly Elevated	Elevated	Variable	Normal
Leukocytes	<5	>1,000	25-2,000	10-1,000	10-1,000	10-1,000
Differential	0	Neutrophil predominant	Early: Neutrophil Late: Lymphocytic	Lymphocyte Predominant	Lymphocyte Predominant	Lymphocyte Predominant
Glucose	45-85	Low	Low/Normal	Low	Low	Normal
Protein	15-45	High	High	High	Very High	High
Cultures	Negative	Positive	Negative	Positive (Fungal)	Positive (AFB)	Negative

35. A 12-year old boy prviously healthy developed fever and upper respiratory tract infection symptomsfollowed by bilateral lower limb weakness with numbness and right upper limb weakness. He also developedurinary retention. On examination, the reflexes in both lower limbs couldn't be elicited and there was sensorylevel upto mid thoracis area. His GCS is 15/15. The CSF examination showed pleocytosis and high proteins.

Which of the is the most probable diagnosis?

a. Acute transvese mylitis
c. Poliomylitis
b. Guillian-Barre syndrome
d. Spinal cord arterivnous malformation

Ans: a

36. Disease Condition which increase oral melanin pigmentation is:

a. Nephritis syndrome
b. Addison's disease
c. Pregnancy
d. Hyperthyroidism

Ans:B

37. A case of pulmonary tuberculosis is being treated with four drugs initiation phase of treatment. He developed peripheral neuropathy after one month of therapy. Which drug is the most likely cause of this side effect?

d. Rifampicin.

b. Isoniazid
c. Pyrazinamide
a. Ethambutol

Ans: B

38. A 20-year old boy has been started on antituberculosis therapy (ATT) fortuberculous meningitis. What is the minimum duration of ATT in this particular patient?

a) 6 months
b) 8 months
c) 9 months
d) 12 months

Ans: d

39. A 55-year old man presented with lower backache and urinary retention , Examination showed spastic paraparesis of both lower limbs and palpablebladder. What is the most likely site of lesion?

a) Spinal cord
b) Brainstem
c) Cerebellum
d) Thalamus

Ans: a

40. A 39-year old gentleman presented with 5-day history of right earache withassociated severe pain in right side of face. On examination there was vesiculo-papular rash on external ear and in distribution of ophthalmic branch of trigeminal nerve on right side.

What is the most likely diagnosis?

a) Herpes Zoster reactivation
b) Leprosy
c) Sarcoidosis
d) Systemic lupus erythematosus

Ans: a

41. A 45-year-old diabetic lady is brought to Emergency department by paramedics.She is unconscious. Her BP is 120/80 mmHg, Pulse is 80 bpm and SPO2 98% on room air.

What is the most appropriate next bed side investigation you will do?

a) Blood sugar level
b) Full blood count
c) Urea, electrolytes, creatinine
d) CT brain

Ans: a

42. A 72-year-old man is discharged from hospital following a stroke. He nowpresents with diarrhoea.

Which one of the following medicines is notorious for causing diarrhoea?

a) Clopidogrel

b) Enalapril
c) Metformin
d) Simvastatin

Ans: c

43. A 66 year old man is brought to hospitalhaving collapsed to the ground suddenly andwas unable to move his right leg and arm.There was no loss of consciousness. He has apast medical history of hypertension only.Examination reveals weakness of the right arm and leg. Which is the likelydiagnosis?

a) Left internal capsule infarct
b) Medullary hemorrhage
c) Pontine hemorrhage
d) Primary epilepsy

Ans: a

44. A 55 year old female presents with suddenweakness of her right arm which resolved in 6hours. What is the diagnosis?

a) Cerebral infarction
b) Focal epilepsy
c) Syncope
d) Transient ischemic attack

Ans: d

45. Which of the following conditions isassociated with lower motor neuronparaplegia?

a. Transverse Myelitis
b. Parasagittal meningioma
c. Motor neuron Disease
d. GBS

Ans: d

46. A 63 year old lady presents to the medicalassessment unit with a flu-like illness. On examination she looks unwell. There is an erythematous rash across her back. She has grade 4 weakness proximally. You check her CK which is elevated at 1052 IU. Her renal function is normal. What is the likely diagnosis?

a) Dermatomyositis
b) Myasthinia gravis
c) Polymyalgia rheumatic
d) Polymyositis

Ans: a

47. Regarding osteoporosis which statement iscorrect?

a) In females most common cause is HRT
b) In males most common cause is secondary osteoporosis
c) It does not occur in males
d) Thyroxine replacement has no link withosteoporosis.

Ans: B

48. 77 years old female presents with h/ogradual weakness in her legs. She c/o backpain, numbness down both legs. PMH: cervicalspondylosis. O/E upper limb power is full.Reflexes and sensations are intact. Legs areweak with absent jerks and loss of sensation topinprick at big toes. soles and back of bothlegs. There is peri-anal numbness and reducedanal tone. What is the likely diagnosis?

a. GBS
b. TM
c. Cauda Equina syndrome
d. Hypocalcemia

Ans: c

49. A 43 year old male who has recurrent otitismedia presents with headache, drowsiness,confusion, and seizures. On examination hehas bilateral papilledema. The CT scan of thehead shows an area of contrast enhancementsurrounding a low-density core. What is thediagnosis?

a) Brain Abscess
b) Brain tumor
C) Cerebral infarction
d) Cysticercosis

Ans: a

50. In which of the following neurological conditions Interferon is a licensed treatment?

a. Myasthenia gravis
b. Multiple sclerosis
c. Multiple myeloma
d. Guillain-Barré syndrome

Ans: B

51. Damage to which of the area of brain would result in expressive Motor aphasia?

a. Frontal lobe.....>inferior frontal gyrus
b. Dominant parietal lobe
c Temporal lobe
d Occipital lobe

Ans: a

Q.52 A 55 years old man presents with history of sudden severe headache. On examination his BP is 200/120 mmHg. He also has signs of meningeal irritation. What is the most likely diagnosis?

a. Meningitis
b. Subarachnoid hemorrhage
c Epidural hematoma
d Intra cerebral bleed

Ans: B

Q.53 A 40-year-old man, being treated for epilepsy for last ten years presents to clinic with history of gum hypertrophy. body pains, hypertrichosis. Investigations show osteomalacia and macrocytic anemia. Most likely cause of patient findings is:

a. Phenytoin
b. Valproic acid
c. Carbamazepine
d. Poor nutrition

Ans: a

Q.54 A 28 years old male presents with history of weakness both lower limbs over past 2 days. Clinical examination shows reduced power with diminished reflexes in lower limbs. There is no sensory deficit. There is also past history of diarrhea about 10 days back. What is the most likely diagnosis?

a. Hypokalemic paralysis
b. Guillian Barre Syndrome
c. Transverse Myelitis
d. Porphyria

Ans: B

Q.55 A 20-year-old girl presents with semi purposive, jerky, non-repetitive movements of her limbs for last two months. These movements disappear when she falls asleep. What is the likely diagnosis?

a. Parkinsons Disease
b. Chorea
c. Cerebellar disorder
d. Syringomyelia

Ans: B

Q.56 The patient is a 50-year-old woman with sudden onset of diplopia and pain in the right eye. Examination reveals impaired up gaze, downgaze and adduction of the eye. Pupillary responses are normal as is rest of the neurologic examination. She is otherwise healthy. The most likely diagnosis is:

a. Oculomotor nerve infarct
b. Tolosa - Hunt syndrome
c. Cavernous sinus syndrome
d. Benedikt's syndrome

Ans: B

Q.57 A 65-year-old man presents with right homonymous hemianopia. Which of the following is the most likely localization for this finding?

a. Left upper lip of calcarine cortex
b. Right optic nerve
c. Left parietal lobe
d. Left lateral geniculate body

Ans: c

Q.58 A 50-Year-old man presents with fever, decreased arousal and has neck stiffness. Investigations reveal prolonged PTT, elevated d-dimers, low fibrinogen, and low platelet counts. CSF cultures are most likely to be positive for which of the following?

a. Neisseria meningitides
b. Staphylococcus
c. Group B streptococcus
d. Haemophilus influenza

Ans: a

Q.59 Radiculopathy of the fifth lumber nerve root is expected to show which of the finding?

a. Numbness in quadriceps area
b. Foot drop and Trendelenburg gait
c. Weakness of quadriceps muscle
d. Weakness of hip flexors

Ans: B

Q.60 A 45 year old man has been diagnosed having Hereditary Hemochromatosis. He has undergone two sessions of therapeutic phlebotomy. What is the most optimal parameter to monitor response to treatment?

a. LFT's
b. HCT levels
c. S Iron level
d) s ferritin levels

Ans: d

CJ

3. GIT, LIVER AND PANCREAS

1. A 40 year old female patient presents with dysphagia to both liquids and solids along withregurgitation for 3 months. The dysphagia was non-progressive. What is likely diagnosis?

a.Carcinoma of the esophagus
b.Lower oesophageal mucosal ring
c.Achalasia cardia
d.Reflux esophageal with esophageal stricture

2. Oesophageal motility disorder is best diagnosed by?

a. Barium studies
b Endoscopy
c. 24 hour pH monitoring
d.Manometry

Ans: B

3. Chronic liver disease is commonest complication of

a. Hepatitis C and B
b. Hemosiderosis
C. Cystic Fibrosis
d. Alpha-1 Antitrypsin deficiency

Ans: a

3. 60 years male presented with severe abdominal part after resuscitation he was planned for OGD which showed multi Peptic ulcers region. The most likely diagnosis is

a. NASIDs induced gastropathy
b. Zollinger-Ellison syndrome
c. Gastric malignancy
d. Menetrier's disease

Ans: B

4. Which of the following disorder has no association with Coeliac disease

a. Sarcoidosis
b. T2DM
c. Microscopic colitis
d. IgA deficiency

Ans: B

5. A middle aged male presented with severe epigastric pain radiating to back. On examination, pulse was 125/min, BP 90/50 and oxygen saturating BP 90/50 and oxygen saturation 92% on room air. Serum amylase and lipase were markedly raised.What is the most appropriate step in the management of this

a. CECT abdomen with pancreatic protocol
b. IV Fluids

C. IV analgesics
d. IV PPIs

Ans: B

6. A 60 years old male presented with sudden onset painless hematochezia.On examination, he looked pale. His pulse was 140/min, BP 85/50. What is the most likely cause of bleeding?

a. Diverticulitis
b. CA colon
c. Ulcerative colitis
d. Hemorrhoids

Ans: B

7. Which of the following endoscopic class of peptic ulcer is associated with the high risk of rebreeding?

a. FORREST Class-1A
b. FORREST Class-IIA
C. FORREST Class-III
d. FORREST Class-IIC

Ans: a

Forrest score	Endoscopic appearance	Risk of rebleeding*
Ia	Ulcer with active pulsating bleeding	55%
Ib	Ulcer with active nonpulsating bleeding	
IIa	Ulcer with a visible nonbleeding vessel	43%
IIb	Ulcer with an adherent clot	22%
IIc	Ulcer with hematin on ulcer base	10%
III	Ulcer with a clean base without signs of recent bleeding	5%

*Risk of rebleeding if endoscopic therapy is not performed.
Source: Adapted from Laine, L.; Peterson, W. L. Bleeding Peptic Ulcer. *N. Engl. J. Med.* **1994**, *331*, 717–727.

8. A diagnosed case of ulcerative colitis presented to hospital with acute flare. On examination he has redness of eyes and mouth ulcers. Which of one the following complication has no association with disease severity?

a. Erythema nodosum
b. Amyloidosis
c. Primary sclerosing cholangitis
d. Large joints arthritis

Ans: c

Classification of EIM

Extraintestinal immune-related manifestations of IBD	• arthritis • erythema nodosum • pyoderma gangrenosum • aphtous stomatitis • iritis/uveitis	• the same pathogenic mechanism • associated with intestinal inflammatory activity
Autoimmune disorders associated to IBD	• ankylosing spondylitis • primary sclerosing cholangitis • polymyositis • primary biliary cirrhosis • alopecia areata • thyroid disease	• major susceptibility to autoimmunity • independent of IBD
Extraintestinal complication	• osteoporosis • biliary/urinary lithiasis • anemia • thromboembolic events • amyloidosis • fatty liver	• metabolic or anatomical abnormalities due to IBD • inflammatory activity • medication use • poor nutrient in take/absorption

9. A young lady presented with abdominal pain which is colicky in nature, felt in the lower abdomen and relieved with defecation. There is no history of weight loss or nocturnal symptoms. The most likely diagnosis is

a. IBS
b. Celiac disease
c. IBD
d. UTI

Ans: a

10. A 27-year-old man has been diagnosed with chronic Hepatitis C. He is symptom free and clinical examination is normal. His ALT IS 45 /L, Bil 1 mg/dl, albumin 40 gm/dl. PCR for HCV RNA is positive. Which of the following is most effective remedy for him?

a. Oral sofosbuvir with ribavirin
b. Oral sofosbuvir with daclatasvir
c. Oral sofosbuvir with velpatasvir
d. Oral sofosbuvir alone

Ans: c

11. A 67 years old woman presents with three months history of fatigue and malaise. She has itching over entire body and recently has developed yellow discoloration of eyes. Examination of abdomen showed hepato-splenomegaly. Her Bil is 4 mg/dl, ALT 150 /L, Alkaline phosphatase 710 IU/L, albumin 38 gm/dl. Which of the following will be useful in diagnosis?

a. Serum ANA
b. Serum dsDNA Ab
c. Serum ASMA
d. Serum ENA

Ans: c

TABLE 10.2 Autoimmune Hepatitis Subtypes

Feature	Type 1	Type 2
Approximate frequency	95%	5%
Autoantibodies[a]	ANA alone, 10% ASMA alone, 35% Both positive, 50% Both negative, 5%	Anti-liver/kidney microsomal antibody (LKM type 1) Anti-liver cytosol (LC-1)
Elevated serum IgG levels	+ + +	+
Most common affected age group	Children to adults (age 10 years to elderly)	Pediatrics (2–18 years)
Progression to cirrhosis (approximate %)	45	80
Histologic findings	Hepatitis with prominent plasma cells	Hepatitis with prominent plasma cells

ANA, antinuclear antibody; ASMA, antismooth muscle antibody.

12. A 52 years old women with rheumatoid arthritis was having abnormal LFTS.HerBil was 2.1 mg/dl, ALT 250 IU/L Alkaline phosphatase 210 IU/L. albumin 38 gm/dl. Ultrasound abdomen revealed coarse hepatic echotexture with splenomegaly. She has been on DMARDS including Methotrexate for last 5 years. Serum IgG are normal. What is the likely diagnosis?

a. Autoimmune hepatitis
b. Primary biliary cholangitis
c. Primary sclerosing cholangitis
d. Drug induced hepatitis

Ans: B

13. A 32 year-old woman with celiac disease has persistent diarrhea despite on gluten free diet. Which of the following to be helpful in detecting cause of her symptoms?

a. TTG Ab titers
b. Anti - endomysial Ab
C. Endoscopic duodenal biopsy
d. Detailed history of dietary intake

Ans: d

14. Non-Alcoholic fatty liver disease (NAFLD) is a risk factor for which of the following?

a. Cirrhosis
b. Type II diabetes
c. Hepatocellular carcinoma
d. All of the above

Ans: B

15. A 52 years old man presents with fatigue and lethargy. He has palmar erythema, spider angiomas over upper chest and enlarged liver. His serology for HBV, HCV is negative. He is not obese and denies taking any herbal drugs or alcohol. Liver functions tests reveal a bilirubin of 36 mmol/L, AST of 1501U/L, ALT 75 IU/L and ALP 100 IU/L. Which of the following should be planned for diagnosis?

a. Ultrasound abdomen
b. Fibro scan
C. Liver biopsy
d. CT abdomen

Ans: B

16. A 60 years old man presents recent weight loss with fatigue. His bilirubin is 16 mmol/L, AST of 1501U/L, ALT 175 he was treated for hepB about ten years ago. Ultrasound abdomen showed a hyperechoic lesion 3 x 4 cm in right lobe of liver. Which of the done to make a diagnosis?

a. FNAC of the lesion
b. CECT abdomen
C. Triphasic CT abdomen
d. MRI abdomen

Ans: c

17. A 39 years old male presented with 4 weeks history of abdominal pain, which has worsened, on examination patient is jaundiced with abdominal distension and tenderness in epigastriumand has smooth outline hepatomegaly and shifting dullness and fluid thrill due to tense ascites is positive. Ultrasound abdomen marked ascites and splenomegaly. Which of the following should be planned next?

a. CECT abdomen
b. Triphasic CT abdomen
C. Fibro scan
d. Echocardiography

Ans: a

18. A diagnosed case of primary sclerosing cholangitis came to you with complaints of generalized weakness and diarrhea, which of the following condition is more likely associated with primary sclerosing cholangitis?

a. Thyrotoxicosis
b. Rheumatoid arthritis
C. Ankylosing spondylitis
d. Ulcerative colitis

Ans: d

19. A 21 years old gentle man presented to you with history of transient jaundice. On direct questioning you ascertain that jaundice is increased after physical activity and jaundice settles itself in a few days. Physical examination is unremarkable except for jaundice. CBC and reticulocyte counts are normal. Bil is 3.8 mg/dl (Indirect 2.5), normal Transaminases and alkaline phosphatase. what is next step of management?

a. Start on oral corticosteroids
b. Re assure and discharge

c. Abdominal USG
d. Liver biopsy

Ans: B

20. A 24 years old soldier presents with rectal bleeding and pain on defecation for the past 2 weeks. He also has tendency of constipation. Rectal examination was limited due to pain but no external abnormality seen. What is the likely diagnosis?

a. Anal fissure
b. Ulcerative colitis
c. Crohns disease
d. Anal carcinoma

Ans: a

21. A 60 years old women presents with dysphagia. There is no history of heartburn, weight loss or change in bowel habit During endoscopy there is difficulty passing through lower esophageal sphincter of the following is the most appropriate investigation to make a diagnose

a. Esophageal manometry
b. CT scan chest
c. X ray chest
d. EUS

Ans: a

22. A 50-year-old male with no known co-morbid under -went cholecyctectomy for gallstones during his hospital stay he received IV antibiotics. He report use of ciprofloxacin. He developed diarrhea that is profuse and reddish in colour. Which one of following will be helpful to make a diagnosis?

a. Stool for Clostridium Difficile toxin
b. Stool for calprotectin
c. Stool for ova
d. Stool for lactoferrin

Ans: a

23. A 20 years old man presents with one history of bloodin stool histopathology shows muscular: Deep inflammatory infiltrates from mucosa into muscularis propria.What is the likely diagnosis?

a. Laxative abuse
b. Ulcerative colitis
c. Crohns Disease
d. Whipple Disease

Ans: c

24. A 30-year-old women presents in emergency with severe abdominal has tachycardia, is sweating and on abdominal examination amylase is 1050 IU/L. After pain control, which one of the following is most imp?

a. Aggressive IV fluid resuscitation
b. IV antimicrobials
c. Keeping her Nil orally

d. IV omeprazole

Ans: a

25. A 70 years old male with no known co-morbid presents with altered bowel habits for the last two months. He has also had 2 episodes of blood in stool ? Which of following is next best investigation?

a. endoscopy
b. Ba enema
c. CT abdomen
d. Colonoscopy

Ans: d

26. Which one of the following micronutrients is routinely added to TPN?

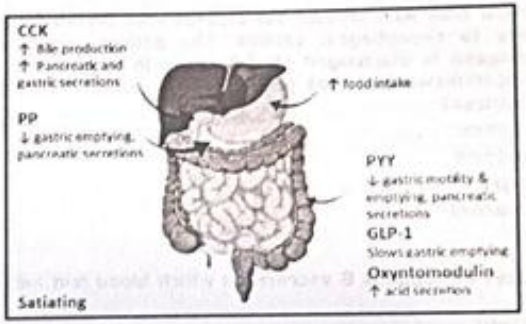
a. Vitamin D
b. Iron
c. Vitamin K
d. Manganese

Ans: d

27. Which one of the following gut hormones is responsible for promoting appetite?!

a. Lepton
b. Ghrelin
c. Peptide YY
d. CCK

Ans: b



28. A 20-year-old medical student has been diagnosed as a case of celiac disease for which he requires dietary advice. Which of the following foods does not contain gluten and he can consume?

a. Bran
b. Barley
c. Rice
d. Rye

Ans: c

29. An asymptomatic person has raised bilirubin (unconjugated bilirubin) with normalAlanine transaminase (ALT), alkaline phosphatase, blood CP and LDH. Which of thefollowing is the most likely possibility?

a. Hemolysis
b. Dubin Johnson syndrome
c. Gilbert syndrome
d. Rotor's syndrome

Ans: c

30. A 39 year old alcoholic presents with massive hematemesis & hypotension. Examinationreveals palmer erythema, splenomegaly and ascites. Which of following is the mostlikely cause of hematemesis?

a. Duodenal ulcer
b. Gastric ulcer
C. Esophageal varices
d. Mallory Weiss tear

Ans: c

31. Which of following in the history suggests biliary obstruction as the cause of sclera icterus

a. Dark urine and dark stool
b. Pale urine and pale stool
c. Dark urine and pale stool
d. Pale urine and dark stool

Ans: c

32. A 60-year-old man with chronic ver disease was admitted with an upper GI bleedsecondary to oesophageal varices. The patient undergoes endoscopic variceal bandingand is discharged after 2 weeks in-hospital stay. Which of the following medicationswould act as prophylaxis in preventing a rebleed from his oesophageal varices?

a. Frusemide
b. Amlodipine
c. Ramipril
d. Propranolol

Ans: d

33. After 3 doses of hepatitis B vaccination which blood test indicate successful vaccination

a. anti HBV
b. Anti-HBc
c. Anti-HBs antibodies
d. Anti hep e AB

Ans: c

34. A 45 years old male resented with slowly progressive dysphagia for solids. Patient giveshistory of weight loss and points towards the lower end of sternum where he has feelingof something getting stuck followed by vomiting. Endoscopy showed dilated esophaguswith tight Gastro esophageal junction with pooling of saliva in lower end of esophagus.

Most likely diagnosis would be?

a. Esophagitis
b. Esophageal adenocarcinoma
c. Esophageal stricture
d. Achalasia

Ans: d

35. 14-year-old gir presented with chronic diarrhea. Her upper GI endoscopy showedvillous atrophy. Histologically there was infiltration of lamina propria with lymphocytesand plasma cell. Which of following antibody will be positive in this patient

a. Anti-gliadin antibodies
b. Antimitochondrial antibodies
c Antinuclear antibodies
d. Antinuclear cytoplasmic antibodies

Ans: a

Disease	Autoantibodies
Celiac disease	Tissue transglutaminase IgA (IgG)
Type 1 diabetes	Glutamate decarboxylase (GAD) Tyrosine phosphatase (IA2) Islet cell (IC) Insulin Zinc transporter (ZnT8)
Autoimmune thyroid disease	Thyro-peroxidase (TPO) Thyroglobulin (Tg) TSH receptor

36. Which one of the following disorders is Most likely to be associated with H. pyloriinfection?

a. Reflux esophagitis
b. Coeliac disease
c. Gastric lymphoma
d. Achalasia cardia

Ans: c

37. A 57-year-old man presents with a persistent history of heartburn. He keeps onreturning to his GP and eventually she refers him to you. A trial of low-dose ppis and lifestyle measures has failed to a alleviate his symptoms screening bloods areunremarkable. What is the most appropriate management?

a. Discontinue ppland advise lifestyle measures
b. Continue low-dose PPL long-term
c. Give intermittent high-dose ppis for symptom relief

d. Do an upper GI-endoscopy

Ans: d

38. A 40-year-old male complains of weakness and abdominal pain on examination, thepatient has diffuse hyperpigmentation and a palpable liver edge. Arthritis of wrists andhips is also noted Fasting blood sugar= 185

hepB and hep C serology was neg.

Which of the following is the most likely diagnosis?

a. Gilbert syndrome
b. rotar syndrome
c. hemachromatosis
d. wilsons disease

Ans: c

39. A 24-year-old woman presented with a 6-month history of loose stools and mildintermittent abdominal discomfort. She has recently found that her stools are difficult to flush. There is a loss of 5 kg weight in last 3 months, She also findsherself very fatigued even after simple domestic tasks. Her laboratory workupshowed microcytic anemia and hypocalcemia. Anti-endomysial antibodies werepositive. Her upper GI endoscopy was done and duodenal biopsy showed subtotalvillous atrophy and marked inflammatory exudate.

What is the most likely diagnosis?

a) Giardiasis
b) Crohn's disease
c) Irritable bowel syndrome
d) Coeliac Disease

Ans: d

40. A 30-year old man has presented to Medical OPD. His brother has recently beendiagnosed with colon cancer. He is apprehensive about the possibility of himdeveloping the cancer. He does not have any symptoms currently.which diet is protective against development of colorectal carcinoma?

a) High saturated fat diet
b) High protein diet with red meat
c) Diet rich in vegetables, fruit and fibres
d) Liquid diet

Ans: c

41. A 35-year-old woman presents with chronic diarrhoea and anaemia.You arestrongly suspecting coeliac disease.

Which disease specific antibody is most likely to be present?

a) Anti-gastric parietal cells antibody
b) Anti-intrinsic factor antibody
c) Anti-mitochondrial antibody
d) Anti-tissue transglutaminase antibody (ATTG)

Ans: d

42. A38-year old man with 2-year history of ulcerative colitis presented to emergencydepartment with worsening of his symptoms. He is passing 5-6 large bloody stoolsdaily for past 3 days and there is associated lower abdominal pain. He is currently febrile (temperature 39C) and tachycardiac (110 bpm). An urgent abdominal x-ray is requested.

What is the most feared complication of acute severe ulcerative colitis?

a) Stricture formation
b) Aphthous ulcers
c) Intestinal obstruction
d) Toxic megacolon

Ans: d

43. A 35-year-old woman with liver cirrhosis is admitted with deteriorating encephalopathyand abdominal discomfort. An ascitic tap revealed a polymorphonuclear cell count of350 cells per mm3. Which of the following most appropriate therapy?

a Intravenous amoxicillin
b Intravenous cefotaxime
c Intravenous metronidazole
d Oral norfloxacin

Ans: B

Special Considerations	Preferred Antibiotic Therapy	Reasonable Alternative
Standard therapy	Cefotaxime 2 gm IV q8h x 5 days	Ceftriaxone 1 gm IV q12h or 2 gm IV q24h x 5 days
Uncomplicated SBP*	Ofloxacin 400 mg PO bid x 8 days is an option	Ciprofloxacin 500 mg PO bid or Levofloxacin 500 mg PO q24h
Nosocomial SBP	Extended spectrum antibiotics (carbapenems, piperacillin-tazobactam)	Depends on local resistance patterns
Patient receiving fluoroquinolone or trimethoprim-sulfamethoxazole SBP prophylaxis	Cefotaxime 2 gm IV q8h x 5 days	Ceftriaxone 1 gm IV q12h or 2 gm IV q24h x 5 days
Beta lactam hypersensitivity	Ciprofloxacin 400 mg IV q12h	Levofloxacin 750 mg IV q24h
Advanced liver or renal failure: serum creatinine greater than 1 mg/dL, blood urea nitrogen greater than 30 mg/dL, or total bilirubin greater than 4 md/dL	IV Cefotaxime 2 gm IV q8h x 5 days plus IV albumin 1.5 g/kg given on day 1 and 1.0 g/kg given on day 3	

*Community acquired SBP with absence of shock, ileus, gastrointestinal hemorrhage, greater than grade 2 hepatic encephalopathy, and serum creatinine greater than 3 mg/dL

44. A 52-year-old male is admitted with hematemesis and melena.Examination reveals thathe is jaundiced confused with a flapping tremor, and has signs of chronic liver disease, apulse rate of 110/' minute and blood pressure of 100/70 mmHg. Which of the followingmeasures would be the most appropriate treatment for this patient?

a. Intravenous ·lipressin

b. Intravenous amoxicillin
c Intravenous vitamin k
d. Oral propranole

Ans: a

45. A middle age man presents with 3 week history of fever following tooth extraction on examination of precordium reveals a pansystolic murmur

Which of the following organisms is most likely responsible?

a. Strep viridans
b. Strep Pyogenes
c. Staph. Aureus
d. Strep. Pneumoniae

Ans: a

46. A 27-year-old woman presented with right sided thyroid swelling with associatedcervical lymphadenopathy.

What is the most likely diagnosis?

a) Anaplastic carcinoma
b) Follicular carcinoma
c) Hashimoto's thyroiditis
d) Papillary carcinoma

Ans: d

47. A 22-year-old woman presents with painless neck swelling. On examination, thereis non-tender, rubbery bilateral cervical lymphadenopathy. Chest X-ray shows amediastinal mass.Excisional biopsy of cervical lymph node showed Reed-Sternberg cells.

What is the most likely diagnosis?

a) Hodgkin's lymphoma
b) Non-Hodgkin's Lymphoma
c) AML
d) ALL

Ans: a

48. A 70-year old man was admitted with pallor and light-headedness. On the dayprior to admission, he had 2 episodes of loose, blackish stools. On examination,BP is 90/60 mmHg, and pulse is 110 bpm.

Investigations: Hb 7.0 g/dl (normal range 14-18 g/dL), Platelets 480x109/L(normal range 150-400x109/L).

What is the most appropriate next step in management?

a) Barium meal
b) Blood transfusion
d) Endoscopy
d) Parenteral iron infusion

Ans: B

49.A 70 year-old gentleman known to have stable chronic Liver disease admitted with pain abdomen cect abd showed HCC in single lobe of the liver which of following is the treatment of choice for Hepatocellular carcinoma?

a) Diuretics
b) Large volume asitic tap
c) Trans-arterial chemoembolization (TACE)
d) Conservative management of CLD

Ans: c

50. A 45-years male has come to you with report of anti-HCV positive and Liver functions were also deranged which of following is most useful test to confirm the diagnosis of HCV?

a) USG abdomen
b) ELISA Screening
c) LFTS
d) Viral PCR

Ans: d

51. A 16-year-old boy presents with altered behaviorInvestigations revealed elevated Liver enzymes along with hepatocelluar necrosis.

What is the most likely diagnosis?

a) Autoimmune hepatitis
b) SLE
c) Epilepsy
d) Wilson's disease

Ans: d

52. A female patient aged 45-years presented with acute viral hepatitis and is severely jaundiced and drowsy.What is the best prognostic marker of acute Liver injury?

a) serum Globulin
b) ALT
c) Total bilirubin
d) Prothrombin time and INR

Ans: d

53. You see a 52-year-old woman with rheumatoid arthritis in your clinic. She wasreferred by her GP after her ALP levels were found to be abnormally high at 3001U/L. In addition, she was also found to be serum ant-mitocnondrial antibody(AMA)positive.

What is the most likely diagnosis?

a) Primary biliary cirrhosis
b) Wilson's disease
c) Hereditary hemochromatosis
d) Primary sclerosing cholangitis

Ans: a

54. A known case of ulcerative colitis has presented in emergency in a serious condition. Hewas non-compliant with drugs. Now he has fever and profuse bloody diarrhe a. Which ofthe following step would be most effective in controlling his condition?

a. Infliximab(most effective treatment in controlling condition)
b. Steroids(most effective initial treatment to control symptoms)
c. Mesalazine
d. Ceftriaxone

Ans: a

55. A 60 years old male presents in OPD with change in bowl habits, weight loss and pallor.His Hb is 9g/dl, stool for occult blood is positive, rest of the labs are normal. He hasfamily history of colorectal carcinoma. What will be the best test to diagnose the causeof illness?

a. CT scan ABD/Pelvis
b. Abdominal X-ray
c. CEA level
d. Colonoscopy

Ans: d

56. A 14-year-old girl presents with chronic diarrhea. Her tissue trans-glutaminase antibodywas positive. Her Upper Gi endoscopy was done. Which of following will be present onbiopsy?

a. Loss of intestinal villi
b. Hypertrophy of intestinal crypts
c. Caseating granuloma
d. Flask shape ulcers

Ans: a

57. Which one of the following investigations is considered best for the diagnosis of gastro-esophageal reflux disease?

a. Endoscopy
b. 24 hour oesophageal pH monitoring
c. oesophageal manometry
d. Barium swallow

Ans: B

58. 4 30yrs old female presented with complaint of abdominal pain and loose stools from 3 months. There is no h/o weight loss, joint pain and fever loose stools are waterywith no blood, pus and mostly during the day. All baseline labs including ESR are normal what is best treatment?

a. Reassurance
b. Steroids
c. Azathioprine
d. Mebeverine

Ans: d

59. A 32 years old male with hepatitis hasbrought his blood report showing AST: 500IU/L, ALT: 250 IU/L and Bilirubin: 5 mg/dl.Which of the following diseases is most likely inthis patient?

a) Acute viral hepatitis
b) Alcohlic hepatitis(see the rise in AST is twice when compared to ALT)
C) Autoimmune hepatitis
d) Wilson's disease

Ans: B

60. Which one of the following interventions ismost likely to increase survival in patients withCOPD?

a) Home nebulisers
b) Long-term steroid therapy
c) Smoking cessation
d) Tiotropium inhaler

Ans: c

61. A 40 years old female has been diagnosedwith cirrhosis liver secondary to hepatitis C.Which of these is a poor prognostic indicatorfor her disease?

a) Anaemia
b) Hypoglycemia
c) Prolongation of PT
d) Splenomegaly

Ans: c

62. A 38 year old man with recent recoveryfrom a bout of alcoholic hepatitis is seen inclinic for follow up. He has a body mass indexof 33, smokes a pack of cigarettes per day andfrequently smokes marijuana. In addition toalcohol abstinence, which is the lifestylemodification that is most likely to improve hisoutcome?

a) Cigarette smoking cessation
b) Marijuana smoking cessation
c) Protein supplementation
d) Weight reduction

Ans: d

63. A 75-year-old woman undergoes total gastrectomy for carcinoma of stomach which of the following nutrients is she most likely to require perenteral replacement?

a. Ascorbic acid
b. Folic acid
C. Iron
d. Vitamin B12

Ans: d

64. A 40-year-old obese female teacher is determined to lose weight. She exercises threetimes a week at the local gym and is on a slimming diet. In the last month she managedto lose three kilograms in weight and asked your opinion about initiating

orlistattherapy. On advising her you would explain that Orlistat therapy has which one of thefollowing effects?

a. Causes dramatic weight loss in the first month
b. Improves the bone mineral density
c. Increases the risk of clotting
d. Prevents fat absorption from the intestine

Ans: d

65. A 44-year-old man with a BMI of 34 was foundto have type 2 diabetes mellitus onroutine testing 3 months ago. He was advised a low-energy, weight-reducing diet andexercise. This has not been complient with and his postprandial blood glucose concentration is 14.2 mmol/l. What would be the drug of choice in this case?

a. Insulin
b. Metformin
c Pioglitazone
d. Glimepiride

Ans: B

66. Which of the following is more frequently seen in Churg Strauss Syndrome in comparison to Wegener's Granulomatosis

a. Renal involvement
b. Lower Respiratory Tract involvement
c. Eye involvement
d. Upper Respiratory Tract involvement

Ans: B

Findings	Eosinophilic granulomatosis with polyangiitis	Granulomatosis with polyangiitis	Common to both
Polyarthralgia			Yes
Pansinusitis			Yes
History of asthma	Yes		
Nasal septal perforation		Yes	
Peripheral blood eosinophilia	Yes (but not present in our case)		
Proptosis of eye		Yes	
C-ANCA positivity			Yes
Tissue eosinophilia	Yes		
RPGN			Yes
Peripheral neuropathy			Yes

ANCA: Anti-neutrophil cytoplasmic antibodies. RPGN: Rapidly progressive glomerulonephritis.

67. A 48 year old male with history of CLD and once upper GI bleed.Which one of thefollowing medicine will play a preventing role for rebleed from varices?

a Amlodipine
b. Captopril
c. Pantoprazole
d. Carvidalol

Ans: d

68. An elderly female presents to the emergency department with history of fever, headacheand double vision. Biopsy of temporal artery revealed panarteritis. What is likelydiagnosis?

a Nonspecific Arteritis
b Polyarteritis Nodosa
c Wegener's Granulomatosis
d Temporal Arteritis

Ans: d

69. A 26 year old presents in the first trimester of her first pregnancy (8 weeks - gestation)for an antenatal check, She feel well, blood test shows S. Bilirubin of 2.1 mg/dl (N 0.3-1.10 mg/dl) direct 0.2 mg/dl (N 0.1-0.3 mg/dl) indirect 1.9 mg/dl (N 0.2-0.7 mg/dl) otherLFTs are normal. What is most likely diagnosis?

a Dubin-Johnson Syndrome
b. Primary Biliary Cirrhosis
c. Gilberts syndrome
d Cholestasis of Pregnancy

Ans: c

70. Patient presents with elevated bilirubin levels. Urine urobilinogen is absent but Urinebilirubin is present What is most likely diagnosis?

a Viral Hepatitis
b. Hemolytic jaundice
c. Obstructive jaundice
d Gilbert's syndrome

Ans: B

71. A 47 year old smoker male presents to your clinic with two month history of hoarsenessof voice and dysphagia. There is history of drastic weight loss. Which one is the likelydiagnosis?

a. Esophageal web
b Achalasia
C. Retrosternal goiter
d. Pharyngeal Carcinoma

Ans: d

72. A patient presents with unconjugated hyperbilirubinemia and presence of urobilinogen in urine What is most likely diagnosis?

a. Hemolytic jaundice
b. Crigler Najjar syndrome
c. Gilbert's syndrome
d. Dubin Johnson syndrome

Ans: a

73. Which one of the following is the most common cause of duodenal ulcer?

a NSAIDs
b Helicobacter Pylori
c Chronic corticosteroid therapy

Ans: a

74. A 50 year old lady presented with history of pain upper abdomen, nausea, and decreased appetite for 5 days. She had undergone cholecystectomy 2 years back. Her bilirubin was10 mg/dl, SGPT 9001U/L, SGOT 700 IU/L and serum alkaline phosphatase was 280 IU/L

What is most likely diagnosis?

a. Acute Pancreatitis
b. Acute cholangitis
c. Acute viral hepatitis
d. Posterior penetration of peptic ulcer

Ans: c

Q.75 A 05 years old child is brought to you with the history of a small fluid filled lesion over cheek which ruptured in a few hours and evolved into a honey colored crusted plaque. The child is afebrile, playful and there is no pain or itching. What is your diagnosis?

a. Cellulitis
b. Cutaneous leishmaniasis
c. Herpes Simplex
d. Impetigo

Ans: d

Q.76. A 15 year old boy has been diagnosed with Wilsons disease. What is the drug of choice?

a. d-Penicillamine
b. Deferoxamine
c. Rifampicin
d. N Acetylcyseine

Ans: a

Q.77 Most likely diagnosis of a patient presenting with abdominal pain, tachycardia and dark urine is:

a. Glycogen storage disease
b. Alpha 1 AT deficiency
c. Acute porphyria
d. Tyrosinemia

Ans: c

Q.78 A 50-year-old woman has presented with pruritus, fatigue and yellow discoloration of eyes. She has xanthelasmas around her eyes. Which of the serologic marker is useful in diagnosing the most likely diagnosis?

a. AMA
b. ASMA
c. ANA
d. LKM-1 Ab

Ans: a

Q.79 A 19-year-old girl has diarrhea, lethargy and oral ulceration. Her HB is 7 gm/dl, MCV 57. What is the most appropriate investigation?

a. Anti-Tissue Transglutaminase Ab
b. Anti-nuclear Ab
c. Anti- mitochondrial antibodies
d. Anti-microsomal antibodies

Ans: a

Q.80 A 25 years old man presents with 3 months' history of dysphagia for both solids and liquids. He sometimes manages to swallow by changing his posture and has at least on two occasions regurgitated undigested food. His weight has however been steady and he has no other symptoms. What is the most likely diagnosis?

a. Esophageal adenocarcinoma
b. Esophageal squamous cell carcinoma
c. Achalasia cardia
d. Peptic stricture of esophagus

Ans: c

Q.81 A 45-year-old man presented to ER with sudden onset severe upper abdominal pain radiating to back for a couple of hours. It is associated with vomiting and perspiration. His ultrasound abdomen done 6 months ago for dyspepsia showed silent gall stones. His BP is 90/50 mmHg, pulse 118/min and Temp 36.8 °F, abdomen is diffusely tender in epigastric area and there is no visceromegaly. After analgesia what is the most appropriate step in management?

a. Vigorous rehydration with a crystalloid
b. Vigorous rehydration with a colloid
c. Start inotropic support
d. Start antimicrobial

Ans: a

Q.82 A 34-year-old woman has presented with 3 months' history of blood stained stools and tenesmus. She has notresponded to repeated courses of antibiotics. Which of the following is most appropriate to establish the diagnosis?

a. Ba enema
b. Stool Routine Examination
c. Stool culture
d. Colonoscopy

Ans: d

4. RHEUMATOLOGY, ENDOCRINOLOGY AND DIABETES:

1. A young patient with dysphagia more for liquids than solids. He regurgitates food often atnight. Radiography shows a rat-tailed appearance. What is likely diagnosis?

a.Achalasia cardia
b. CA oesophagus
c.Zenker's diverticulum
d. Diffuse esophageal spasm

Ans: a

2. A 70 year old man complains of pain and stiffness of both shoulders. He gives history ofweight loss. On investigations ESR is 100mm/in 1st hr. Normocytic normochromic anemia and positive RA-Factor. The most likely diagnosis is

a Polymyositis
b. Polyarteritis nodosa
c. Polymyalgia Rheumatica
d. Rheumatoid arthritis

Ans: c

3. A 25 years old female develops serous otitis media of left ear with cough, occasionalhemoptysis, hematuria and epistaxis for one and half months. Her Hemoglobin is 7gm/dL. B.P > 170 / 100, proteinuria +++, RA positive (+ve) and ANCA positive (+ve).

a Wegener's Granulomatosis
b. Rheumatoid arthritis
c. Rapidly proliferative glomerulonephritis
d.Good Pasteur's syndrome

Ans: a

4. A 32 years old Homosexual male presented with painful swelling of right knee joint forlast 1 week accompanied by oral ulcer and redness of eyes. His HIV testing 3 weeks backwas negative

a. Rheumatoid arthritis
b. Reactive arthritis
c. Systemic lupus erythematosus
d. Psoriasis

Ans: B

5. A 55 year old woman has rheumatoid arthritis. She presents with several neurologicalsigns. Which one of the following is commonly associated with rheumatoid arthritis?

a. Absence seizure
b. Generalized seizure
c. Mononeunitis multiplex
d. Optic neuritis

Ans: c

6. A 45 year old patient presents with proximal muscle weakness, particularly in the lowerlimbs. She has a heliotropic rash around the eyes and also Gottron's papules. Which oneof the following antibodies is most strongly associated with this condition?

a Anti DSDNA
b Jo-1
C R factor
d SCL-70

Ans: B

7. Which of the following reumatological disease is associated with high risk ofLymphoma?

a Rheumatoid arthritis
b Ankylosing spondylitis
c Systemic lupus erythematosus
d Sjögren's syndrome

Ans: d

8. A young lady, who is a known case of type 1 diabetes mellitus, was currently not taking any medication for her Diabetes. She presented with complaints of pain in the abdomen, vomiting, loss of consciousness. On exam she is dehydrated, her Sugar is 560mg/dl. Which of the following test you would like to do to reach a definitive diagnosis?

a. Chest xray
b. Urinary & serum ketones
c. CT scan brain
d. Ultrasound abdomen

Ans: B

9. A university student brought to emergency room by her roommate, she is unconscious & sweating. Her roommate told that her friend is known case of type 1 Diabetes mellitus, she is on insulin therapy but not taking it for last 7days now she developed excessive vomiting, pain abdomen and loss of consciousness. On examination she is dehydrated. Her sugar is 500mg/dl & potassium is 7mEq/L. Which immediate step you would take to confirm the diagnosis?

a. Pass Nasogastric tube
b. Send urinary ketone
c. Pass urinary catheter
d. Give fluids

Ans: B

10. A 30 year lady presents with 4 months history of low-grade fever along with arthritis. There is no joint deformity. On examination she has photosensitivity and mouth ulcers. Her serum ANA is positive. She is also found to have a platelet count of 60000/cmm. What is the most likely diagnosis?

a.Rheumatoid arthritis

b. Psoriasis with arthritis
c. Reiter's disease
d. Systemic lupus erythematosis

Ans. d

Criteria for the classification of systemic lupus erythematosus
Clinical criteria
1. Malar rash
2. Discoid rash
3. Photosensitivity
4. Oral ulcers
5. Arthritis
6. Serositis
7. Renal disorder
8. Neurological disorder
9. Hematological disorder
Immunological criteria
10. Anti-DNA
Anti-Sm
Anti-phospholipids
Lupus anticoagulant
False positive serological test for syphilis
11. Abnormal titer of ANA
Abbreviations: DNA, deoxyribonucleic acid; Sm, Smith antigen; ANA, antinuclear antibodies.

11. A 70-year-old man is evaluated in the emergency department for acute swelling, severe pain and warmth of the right knee that woke him from sleep. He does not recall any inciting injury to the knee. Three month ago, he had an acutely swollen great toe that improved within 3 days, for which he did not seek treatment. History is also significant for hypertension and diabetes mellitus. Medications are hydrochlorothiazide and Metformin. The right knee is warm and swollen without overlying erythemia; tenderness to palpation and decreased range of motion due to pain are noted.Examination of the other joints is unremarkable. Which of the following is the most appropriate next step in management?

a. Obtain a knee MRI
b. Obtain a serum urate level
c. Perform joint aspiration
d. Start empiric colchicine

Ans: c

12. A 34-year-old man is evaluated for a 1-year history of low back pain. The pain frequently spreads to the buttocks but does not radiate to the legs. The pain is worse in the morning and is associated with stiffness but improves 2 hours later after he starts working. Symptoms are worst at the end of the day and during the night. He takes ibuprofen with good relief of the pain. He is otherwise healthy and reports no other joint pain, rash, diarrhea, or dysuria. There is mild pain with normal range of movements in all directions of the lumbar spine. Tenderness over the buttock is noted. Laboratory studies are significant for an erythrocyte sedimentation rate of 40 mm/h, and HLA-B27 testing is positive. Which of the following is most likely diagnosis?

a. Ankylosing spondylitis
b. Lumbar degenerative disk disease
c. Psoriatic arthritis
d. Reactive arthritis

Ans: a

13. A 35-year-old w·man has been diagnosed as a case of systemic lupus erythematosus four years ago. She was being maintained on low dose prednisolone and hydroxyl-chloroquine. She has recently presented with fever, arthralglas and oral ulceration. Which of the following will help to confirm an exacerbation of SLE?

a. Serum ANA titers
b. Serum Anti-dsDNA titers
c. Serum Complement levels
d. ESR

Ans: B

Table 1. Classification and Treatment of the Different Forms of Lupus Nephritis

WHO Class*	Description	Immunosuppression Recommendations†
I	Minimal mesangial lupus nephritis	No specific therapy
II	Mesangial proliferative lupus nephritis	No specific therapy
III	Focal (proliferative) lupus nephritis	Mild: none or glucocorticoids
		Severe: see treatment for class IV below
IV	Diffuse (proliferative) lupus nephritis	Induction (6 mo): cyclophosphamide or mycophenolate mofetil
		Maintenance: mycophenolate mofetil or azathioprine
V	Membranous lupus nephritis	Glucocorticoid with or without cyclosporine
VI	Advanced sclerosing lupus nephritis	No specific therapy

Abbreviation: WHO, World Health Organization.
*Subclasses omitted (see Weening et al[8] for full classification).
†Recommendations derived from Rose et al.[7]

14. A 45-year-old man who is known to have gout, which one of the following is most likely to be present in in synovial fluid aspiration:

a. Monosodium urate crystals
b. Oxylate crystals
c. Calcium carbonate crystals
d. Negatively bi-refringent monosodium urate crystals

Ans: d

16. A 47-year-old female is referred to rheumatology clinic due to cold fingers. Which connective tissue disease is most strongly associated with Raynaud's phenomenon?

a. SLE
b. Rheumatoid arthritis
c. Systemic sclerosis
d. Polyarteritis Nodosa

Ans: c

Although Raynaud phenomenon has been described with various autoimmune diseases, the most common association is withprogressive systemic sclerosis (90% in individuals with scleroderma) and mixed connective-tissue disease (85% prevalence).

16. A 30 four-year-old lady presented to the medical outpatient with complaints of pain & swelling in small joints of both hands with early morning stiffness of one hour. Her physical examination revealed synovitis of proximal interphalangeal joints of both hands and mild derangement of renal functions. After her 1st delivery she experienced sudden onset swelling of right! calf muscle which was diagnosed as DVT. What is the most likely diagnosis?

a. Mixed connective tissue disease
b. Polymyalgia rheumatica
c. Rheumatoid arthritis
d. SLE

Ans: c

17. A 29-year-old man presents to the opd with the complex mostly feels anxious. Examination revealed fine tremors, Examination of his eyes was unremarkable.

Free T4 28pmol/L Free T3 13.8 pmol/L TSH <0.05

What is the most likely diagnosis?

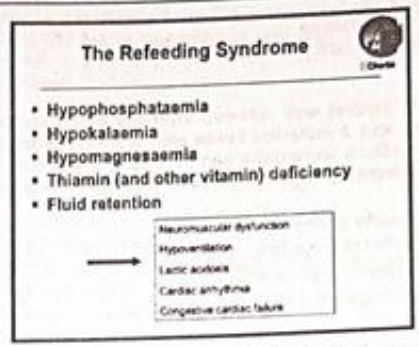
a. Toxic multinodular goiter
b. Hashimoto's Thyroiditis
c. De Quervain's Thyroiditis
d. Graves' disease

Ans: d

18. A 19 year-old is admitted in the ward for re-feeding for anorexia nervosa.She detriorated just hours after taking the feed, her power was 3/5 in both lower and 4/5 in upper limbs, she also complains of shortness of breath. Her vitals remain normal throughout. Which of the following is the most likely cause?

a. Hyperkalaemia
b. Hypocalcemia
c. Hypomagnesaemia
d. Hypophosphatemia

Ans: d



Q19. A 36 year old women recently diagnosed with Grave's disease, has presented to the outpatients for review after 03 months started on carbimazole. Which one of the following is most appropriate to titrate the dosage of carbimazole?

a. Serum total T4 levels
b. Serum free T4 levels
c. Serum T 3 levels
d. Serum TSH level

Ans: d

Q20. A 48-year-old man underwent routine checkup. His fasting glucose is 6.1 mmol/l. His weight is 84 kg and BMI. Which one the following is most appropriate advice?

a. Weight reduction and diet modification
b. Oral metformin
c. Oral glimepiride
d. SC insulin

Ans: a

For people without diabetes, the normal range for the hemoglobin A1c level is between 4% and 5.6%. Hemoglobin A1c levels between 5.7% and 6.4% mean you have prediabetes and a higher chance of getting diabetes. Levels of 6.5% or higher mean you have diabetes.

Q20. A 28-year-old female is referred to outpatients with a tender swelling in her neck. She complains of excessive sweating and palpitations. Blood results are as follows:

TSH: 0.5
T4: 198 mmol/l
CRP: 45 mg/dl (N: < 6 mg/dl)
ESR: 70 mm/hr
Technetium thyroid scan shows decreased uptake globally.

What is the most likely diagnosis?

a. Sick thyroid syndrome
b. Acute bacterial Thyroiditis

c. Hashimoto's Thyroiditis
d. Subacute Thyroiditis

Ans: c

Q21. A 22-year-old soldier was referred after his blood sugars were found to be elevated.His father and 2 maternal aunts also were diabetics since their twenties. Necessary investigations were done and he was started on sulphonylureas. Which of the following statements regarding Maturity-onset diabetes of the young (MODY) is true?

a. There is usually strong family history
b. Body mass index is typically <32
C. Doesn't respond to glimepiride
d. Autosomal recessive pattern of inheritance

Ans: d

Key points

- MODY results from a gene mutation leading to impaired insulin production within the pancreatic beta cell
- It is a monogenic disorder inherited in an autosomal dominant fashion. Thus, there is a 50% chance of a parent passing on the MODY gene to their offspring
- HNF1A, HNF 4A and glucokinase gene mutations are the most common causes of MODY
- A diagnosis of MODY is important because it enables individuals to receive the best treatment for their diabetes and because of the implications for other family members
- MODY should be suspected in young adults diagnosed with diabetes where there is a strong family history of diabetes and the presentation is not typical of type 1 or type 2 diabetes
- Genetic testing is available to diagnose MODY. It is expensive and careful selection of patients is necessary
- Individuals with MODY (except the glucokinase mutation) are susceptible to the microvascular and macrovascular complications of diabetes so risk factors need to be addressed
- Some forms of MODY (notably HNF1A and HNF 4A) respond well to treatment with sulphonylureas, though insulin treatment may ultimately be needed. Glucokinase mutation MODY usually does not require treatment

22. A 48 years old female is being investigated for weight gain and hypertension. She had not been feeling well for the past 3 months and complains of facial hair growth, depression, increased girth of the abdomen and reduced libido. Her current B.p was 180/97 mmHg. Which of the following tests is most likely to be diagnostic of her condition?

a. 24-hour urinary free cortisol
b. High dose dexamethasone suppression test
c. Renin: Aldosterone level
d. Overnight dexamethasone suppression test

Ans: a

23. A 35-year-old African gentleman is being worked up for hypertension. He is nonsmoker and BMI is 25. He is nonsmoker and BMI is 25. His resting BP is 155/105 mmHg. Systemic examination is normal. Which of the following is most appropriate drug to commer

a. Amlodipine
b. Atenolol
C. Captopril
d. Prazosin

Ans: a

24. A 56 year old lady, known case of stage 4 Chronic Kidney disease(CKD)secondary to IgA nephropathy reports for a follow up in Nephrology opd. Her recent labs are as follows:
PTH: 22.01 pmol/l Adjusted calcium: 2.96 mmol/l
Which endocrine abnormality is she most likely to be having?

a. Tertiary hyperparathyroidism
b. Pseudohypoparathyroidism
c. Secondary hyperparathyroidism
d. Primary hyperparathyroidism

Ans: a

25. A 57-year-old known case of Rheumatoid arthritis reports to the opd.She takes steroids on daily basis, and in case takes higher doses of IV steroids. Which of the following adverse effects is most likely linked to the long-term steroid use?

a. Osteomalacia
b. Osteoporosis
C. Leucopenia
d. Vascular necrosis

Ans: B

26. A 37-year-old nurse is reviewed in the general medical opd.She complains of repeated episodes of sweating associated within dizziness and double-vision. This episode typically occurs in the morning and after fast. She also complains of weight gain of around 8 kg over the past 2 months. Clinical examination is unremarkable. What is the most likely diagnosis?

a. Bronchial Carcinoid
b. Insulinoma
C. Factitious hypoglycemia
d. Cushing's syndrome

Ans: c

27. A 42-year-old known case of hypothyroidism presents to the dermatology opd. Which of the following skin disorders is least associated with hypothyroidism?

a. Xanthomas
b. Pruritis
C. Eczema
d. Pretibial myxedema

Ans: c

28. A 24-year-old unmarried female presents to the medical opd with the complaints of recurrent visits due to oral infection which of the following would suggest type 1 Polyglandular syndrome?

a. Hypocalcemia
b. Bechet's disease
c. Celiac's disease
d. Hypercalcemia

Ans: a

APS type 1	Chronic candidiasis, hypoparathyroidism, autoimmune adrenal insufficiency (at least two of them should be present)
APS type 2	Autoimmune adrenal insufficiency (must always be present) + autoimmune thyroid disease and/or type 1 *diabetes mellitus*
APS type 3	Autoimmune thyroid disease + other autoimmune diseases (excluding autoimmune adrenal insufficiency, hypoparathyroidism, chronic candidiasis)
APS type 4	Two or more organ-specific autoimmune diseases (which do not fall into type 1, 2, or 3)

29. A 32-year-old Asian woman who is 26 weeks pregnant has an oral glucose tolerance test (OGTT). This was obese and has history of diabetes on her mother's side. A recent ultrasound shows that the fetus is large following results are obtained;

Time(hrs)Blood glucose(mmol/l)
0 9.2
2 15.8

What is the most appropriate management?

a Start insulin
b. Give advice about a diabetic diet
c. Start metformin
d. Start gliclazide

Ans: a

30. A 78 years old male is admitted with the complaint of dysphagia to both solids and liquids. He also complains of odynophagia, weight loss and night sweats. On examination there was a firm irregular mass in the right side of the anterior triangle of the neck. It was fixed and painless. The mass moved with swallowing and you notice a faint stridor like sound on inspiration. There were 3 lymph nodes also palpable. Thyroid profile was normal. Which one of the following is likely to be helpful in diagnosis?

a CT neck
b. Thyroid scan
c. PET scan
d. Ultrasound guided biopsy of the swelling

Ans: a

30. A recently diagnosed case of Acromegaly presented to the opd with the complaints of increased sweating. What causes increased sweating in patients with Acromegaly?

a Increased sodium content in sweat
b. Low grade chronic pyrexia
C. Raised basal metabolic rate
d Sweat gland hypertrophy

Ans: c

31. A 56-year-old known case of Type 2 Diabetes presented to the emergency with the complaints of lethargy, nausea, vomiting She also had fever in the morning. A diagnosis of hyperosmolar hyperglycemic state is considered.Which of the following findings would be least consistent with this diagnosis?

a. pH of 7.39
b. Ketones 1+ in urine
C. Serum osmolality of 310 mosmol/kg
d. Serum bicarbonate of 19 mmol/l

Ans:d

Table 2. Characteristics of Diabetic Ketoacidosis (DKA) and Hyperosmolar Hyperglycemic State (HHS)

	DKA	HHS
Endogenous insulin levels	Very low	May be within normal limits
Ketoacidosis	Profound	Minimal
Glucose	>250 mg/dL (often around 800 mg/dL)	>600 mg/dL (often >1,000 mg/dL)
Serum bicarbonate	5-15 mEq/L	20-24 mEq/L
Osmolarity	300-325 mosm/kg	>350 mosm/kg
Age	Younger (most <45 years)	Older (often >60 years)
Onset	Acute	Subacute/Chronic
Associated diseases	Rare	Common
Seizures	Very rare	Common
Coma	Rare	Common
Mortality	Approaches 0	10%-20%

32. A 48-year-old man presents to opd after his wife has noticed a change in his appearance. He also noticed himself the hands seem larger and his ring won't fit in now. On examination blood pressure is 170/90 and he is noted to have bitemporal hemianopia.What is the most appropriate first line treatment?

a. Octreotide
b. External irradiation
C. Trans-sphenoid surgery
d. Bromocriptine

Ans: c

33. A 46-year-old known hypertensive male has been diagnose hypertensive male has been diagnosed with Prediabetic. Last year his HbAlc was 6.1%. His recent blood test is 6.3% despite the patient reporting that he has changed his diet as

instructed and exercising three time week. His body mass index (BMI) today is 26.5 kg/m2. Last year it was 27.5 kg/m2.

What is the most appropriate course of action?

a. Start metformin
b. Start pioglitazone
c. Review again in 12 months

Ans: a

34. A patient having pulmonary TB is on ATT for last 2 months developed joint pain and swelling. what will be his diagnosis?

a. Gout
b. Tb joint
c. Rheumatoid arthritis
d. Septic arthritis

Ans: a

Common side effects of TB drugs

Side Effects	Drug(s) Probably Responsible	Management
Minor		*Continue treatment*
anorexia, nausea, abdominal pain	rifampicin	give tablets last thing at night
joint pain	pyrazinamide	aspirin
burning sensation in feet	isoniazid	pindoxine 25 mg daily
orange/red urine	rifampicin	reassurance
Major		
skin itching/rash anaphylactic reaction	streptomycin	
deafness	streptomycin	If a patient experiences any of these major side effects the drugs responsible should be immediately stopped and the patient referred to a specialist physician for an examination
dizziness	streptomycin	
jaundice	most anti-TB drugs	
vomiting and confusion	most anti-TB drugs	
visual impairment	ethambutol	
generalised reaction, including shock and purpura	rifampicin	

35. A 50 year old man present with 6 month history of weight loss, low grade fever, fatigue, depression and deep aches of neck, shoulder and hip girdle which are severe in morning or after exercise no muscle tenderness found on examination, what is the most likely diagnosis?

a. Fibromyalgia
b. Polymyalgia rheumatica
c. Polymyositis
d. Dermatomyositis

Ans: a

36. A 75 years old patient with patient with pain in left temporo-mandibular joint extending into left temple region during the same duration for last 14 days along with deterioration of his vision during the same duration. He also complains of pain in both shoulders. On examination there is minimal swelling in both knees. Small joints are normal. RA is positive while ESR is 120.malignancy screen is negative. what is most likely diagnosis?

a. Rheumatoid arthritis
b. Osteoarthritis
c. Polymyalgia rheumatic
d. Giant cell arteritis

Ans: d

37. A 60 years old school teacher presented with stiffness and pain in shoulders more marked during early morning. On examination power in all muscle group is normal. Serum CPK is also normal while ESR is 90. what is the most likely diagnosis?

a. Polymyositis
b. Dermatomyositis
C. Polymyalgia rheumatica
d. Giant cell arteritis

Ans: c

38. A 25 years old college student presented with pain and swelling in right knee. On examination right knee is tender and swollen. Three back he had gastroenteritis requiring admission to hospital for one week. Investigations include ESR 50. RA factor is positive with normal WBC count, what is the most likely diagnosis?

a. Rheumatic fever
b. Rheumatoid arthritis
c. Reactive arthritis
d. Gonococaal arthritis

Ans: c

39. A female 24 years old university student presented to outpatient department with complaints of pain small joints of hands and fever for past three months. On examination there is facial rash and generalized lymphadenopathy. what is the most likely diagnosis?

a. HIV
b SLE
C. acute leukemia
d. psoriatic arthritis

Ans: B

40. A 60 year old man is known to have osteoarthritis. Which one of the following is arecognized feature of this disease?

a Heberden's nodes
b. High ESR
C. Rheumatoid factor
d. Rheumatoid nodules on the elbow

Ans: a

b) Nasal carcinoma
c) Acromegaly
d) Hypothyroidism

Ans: d

50. A 38-year-old lady presented with the gradual onset of headaches and visualdisturbance. TSH was low, T4 was low, cortisol was low, FSH/LH were also low.MRI brain revealed a pituitary tumour.

What is the best initial treatment modality to be offered?

a) Craniotomy
b) Transsphenoidal resection
c) Bromocriptine... this would be best initial therapy and TOC would be option B
d) Chemotherapy Radiotherapy

Ans: c

51. A 26-year-old girl presents with anxiety, palpitations and neck swelling Investigations revealed serum free T4 13 pmol/L (normal range 10-22). PlasmaTSH <0.05 (normal range 0.4-5). On examination she had pulse of 104 bpm withlid lag and fine tremor and a diffusely enlarged goiter.

What is the most likely diagnosis?

a) Familial hyperthyroglobinaemia
b) Thyrotoxicosis
c) Riedel's thyroiditis
d) Grave's Disease

Ans: d

52. A 46-year old man comes to your clinic with HbA1c of 7%.What is the duration of diabetes being monitored by HbA1C?

a) One year
b) One month
c) One week
d) Three months

Ans: d

53. A 32 years old lady presents to her obstetrician three weeks postpartum for failure to lactate. Of note she hasbeen unable to tolerate cold environments since the birth of her child. Systemic review reveals fatigue.lightheadedness and a 3 pound weight gain over last three weeks. Her delivery was complicated by placenta accreta with post-partum blood loss. Physical examination is unremarkable. On a panel of hormone testing.

Which of the following levels is most likely to be normal?

a. Aldosterone(think of this as post partum Sheehan syndrome the only hormone mentioned which does not come from or is regulated by pituitary)
b. Cortisol
c. Antidiuretic hormone
d. Thyroid hormone

Ans: a

54. A young girl presents with abdominal pain and a recent change in bowel habit, withpassage of mucus in stool. There is no associated blood in stool and symptoms areincreased with stress. What is most likely possibility?

a Irritable bowel syndrome
b Ulcerative Colitis
C Crohn's disease
d Amebiasis

Ans: a

55. A 40 year old man presents complaining of exertional shortness of breath and weight gain. On examination liver is enlarged, there is an abdominal distension with fluid thrillWhat is most likely diagnosis?

a Congestive heart failure
b Cirrhosis of liver
c Constrictive pericarditis
d Nephrotic syndrome

Ans: a

56. Multiple Endocrine Neoplasia (MEN) Type-I is also known as

a Wermers Syndrome
b Sipple Syndrome
c Weber's Syndrome
d Morrison Syndrome

Ans: a

MEN_1 (Wermer's Syndrome)
Parathyroid tumors Pituitary tumors Pancreas tumors
MEN_{2A} (Sipple's Syndrome)
Parathyroid tumors Medullary thyroid Carcinoma (MTC) Pheochromocytoma
MEN_{2B}
Medullary thyroid carcinoma (MTC) Pheochromocytoma Ganglioneuromatosis

57. A 50 year old man complains of tiredness, fever, weight loss, arthralgia and diarrhea, onjejunum biopsy there are flattened mucosa What is most likely diagnosis?

a Tuberculosis
b. Coeliac disease

c. Whipple disease
d. Tropical sprue

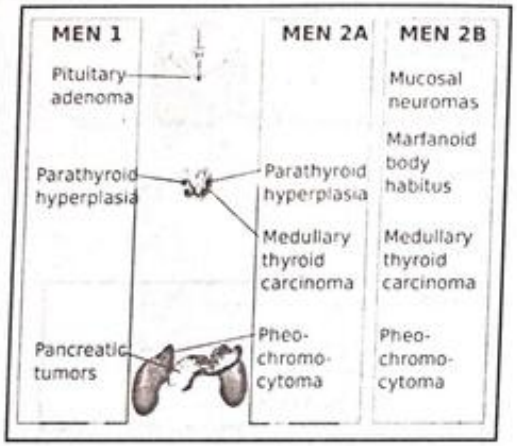
Ans: c

58.A 20 year old male presented with chronic constipation, headache and palpitations. Onexamination he had marfanoid habitus, neuromas of tongue and 6x4 cm thyroid nodule.

What is most likely diagnosis?

a. Sporadic medullary carcinoma of thyroid
b. Familial medullary carcinoma of thyroid
c. MEN 1
d. MEN IIB

Ans: d



59. An obese 48 year old male presented with history of polyuria and polydipsia. His fastingblood sugar is 105mg/dl and HbA1c is 8.2. Renal parameters are normal. The mostappropriate first line treatment is?

a. Insulin therapy
b. Metformin + dietary advice
c. Sulphonylurea
d. Dietary advice and exercise

Ans: B

60. Which of the following endocrine tumors is most commonly seen in MEN-1:

a. Insulinoma
b. Gastrinoma
c. Glucagonoma
d. Somatostatinoma

Ans: B

61. An 18 year old girl receives radioactive iodine as treatment of thyrotoxicosis. Which of thefollowing is the most likely long-term complications of this treatment?

a. Hypoparathyroidism
b. Increased risk of cancer
c. Hypothyroidism
d. Osteoporosis

Ans: c

62. Risk of developing DM in individual having both parents with type 2 DM:

a. -10%
b. -20%
c. -30%
d. -70%

Ans: d

63. A 40 year old women presented with 01 year history of weight gain and intermittent episodes of blurring of vision, palpitations and sweating. Which is settled by taking sweetdrinks. Which is the most likely diagnosis?

a. Carcinoid syndrome
b. Insulinoma
c. Hypothyroidism
d. Pheochromocytoma

Ans: B

64. A 29 years old male is known diabetic and on oral hypoglycemic agents since 3 years. Hehas lost weight and never had DKA. His grandfather is diabetic but his father is non-diabetic. Which one of the following he may occur?

a. MODY
b. DM type 1
c. DM type II
d. Pancreatic diabetes

Ans: a

65. A 65-year-old woman has noticed blurry vision and progressive fluctuating weaknessover the past 6 months. Her symptoms are worse at the end of the day. Her neurologicalexamination indicates bilateral fatigable ptosis with normal size and reactive pupils and proximal muscle weakness with normal reflexes and sensations?

What is the most likely diagnosis?

a. Miller fischer syndrome
b. Neuromyelitis optica
c. GBS
d. Myesthenia Gravis

Ans: d

66. 41 year old gentleman, newly diagnosed hypertensive is started on ACE . What is the most common side effect of ACE inhibitors?

a. Cough

b. Constipation
c. Headache
d. Depression

Ans: a

67.A 45-year-old gentleman is diagnosed to have hypertension. His past history is significant for recurrent gouty arthritis affecting his right big toe.What anti-hypertensive drug is not contra-indicated in gout?

a Atenolol
b Thiazide diuretics
c Lisinopril
d Prazosin

Ans: d

Diuretics, β blockers, angiotensin converting enzyme inhibitors, and non-losartan angiotensin II receptor blockers are associated with an increased risk of gout.

68. A 40-year-old hypertensive patient has a history of asthma since childhood.Which anti-hypertensive drug would you avoid?

a. Thiazide diuretics
b. B-blockers cardioselective
c. ACE inhibitors
d Angiotensin-receptor blockers

Ans: c

69. A 55-year old male with congestive cardiac failure presented to emergencydepartment with shortness of breath. His ECG shows atrial fibrillation.Patients with chronic atrial fibrillation are at increased risks for which of thefollowing conditions?

a) Acute myocardial infarction
b) Ventricular tachycardia
c) cerebrovascular accident
d) Ventricular fibrillation

Ans: c

70. A previously healthy 18-year old man is admitted to Acute medical unit with chestpain for 12 months. The pain is sharp, retrosternal and increases with bendingforward. He was treated for upper respiratory tract infection 5 days back. Afriction rub is present over the precordium. An ECG showed ST segment elevationmost of leads with upward concavity.

What is the most likely diagnosis?

a. Acute pericarditis
b. Chronic constrictive pericarditis
c. Pleurisy
d. Mitral valve disease

Ans: a

71. A 30 year old female presents in outpatient department with clinical featuresthyrotoxicosis. She is 3 months pregnant. Which of the following is the best treatmentoption for her?

a Radioactive Iodine therapy
b Thyroidectomy
c Carbimazole
d Propylthiouracil

Ans: d

72. A 50 years old female lady is hypertensive with a blood pressure of 150/100 mm of Hg.Her basic investigation reveals a low potassium level and raised blood sugars. Which ofthe following is most likely cause?

a Thyrotoxicosis
b Cushing syndrome
c Pheochromocytoma
d Addison disease

Ans: B

73. Which of the most characteristic feature of Pheochromocytoma?

a Weight loss
b glucose intolerance
c Paroxysmal hypertension
d. Episodic hypotension

Ans: c

74. Trisomy 21 may result in which of the following condition?

a Triple X syndrome
b Klinefelter's syndrome
c Down syndrome
d Turner syndrome

Ans: c

75. Middle aged lady brought to ER in unconscious state 10 days back she had post-partum hemorrhage. Her pulse is 72/ min weak, B.P is 90/60, respiratory rate is18/min, afebrile. Her laboratories shows Sodium 121 mEq/l, potassium 5.1 mEq/l, urea and creatinine are normal. What is the most likely diagnosis?

a. Cushing syndrome
b. Conns syndrome
c Hyperthyroidism
d. Sheehan's syndrome

Ans: d

76. A 50 years old lady is received in emergency with complain of drowsiness. Onexamination she has a blood pressure of 90/60 mm Hg. Pulse of 56 beats per minute,Temperature of 95°F. She has a scar mark on the neck and facial puffiness. She is mostlikely to suffer from which of the following condition

a. Thyrotoxicosis
b. Myxoedema coma

c. Graves disease
d. Thyroid crisis

Ans: B

77. A 40-year old farmer has been brought to emergency department in confusedstate. According to is relatives, he was spraying pesticide on rice field when hebecame sick. On examination, he is confused, BP is 100/60 mmHg, Pulse is 60 bpm, respiratory rateis 16 and Spo2 is 98% on air. He has small pupils. He issweating profusely and there is frothing from his mouth. What antidote would be useful in given scnerio?

a. Atropine
b) Flumazeni
c) Naloxone
d) IV sodium bicarbonate

Ans: a

78. A 25-years old female presented with dermatitis, cheilosis, glossitis, depression &confusion.What is your probable diagnosis?

a) Vitamin C deficiency
b) Vitamin B1 deficiency
c) Vitamin B6 deficiency
d) Riboflavin deficiency

Ans: B

79. A gynecologist advised folate supplementation to her patient in pregnancy.Which congenital defect can be avoided by folate supplementation?

a) Urogenital abnormalities
b) Cardiac abnormalities
c) Still birth
d) Neural tube defects

Ans: d

80. An old patient of 50-years known case of HTN complained with problem ofweakness in both arms. He was taking lipid lowering agents & antibiotics for hiswound infection.

Which of the following drug causes myopathy?

a) Statin
b) Antibiotic
c) Anti-viral
d) Anti-fungal

Ans: a

81. A female patient of 30-years presented with H/O difficulty in raising both armsabove the head & difficulty in combing and weakness of both arms as well. Alsohas difficulty in rising upwards of both lower limbs & difficulty in standing fromsitting position.

What is the likely diagnosis?

a. Osteoarthritis
b. Fibromyalgia
c. proximal myopathy
d. MND

Ans: c

82. Which of the following types of pancreatitis has the best prognosis?

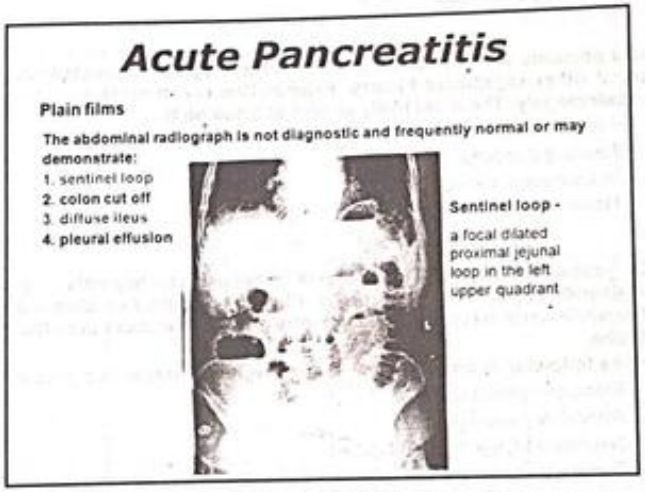
a. Alcoholic pancreatitis
b. Gall stone pancreatitis
c. Post-operative pancreatitis
d. Idiopathic pancreatitis

Ans: B

83. Which part of the intestine most commonly represents the 'sentinel loop' in acutepancreatitis?

a. Duodenum
b. Jejunum
c. Ileum
d. Colon

Ans: B


Acute Pancreatitis
Plain films
The abdominal radiograph is not diagnostic and frequently normal or may demonstrate:
1. sentinel loop
2. colon cut off
3. diffuse ileus
4. pleural effusion
Sentinel loop -
a focal dilated proximal jejunal loop in the left upper quadrant

84. In patients with acute liver failure, the best prognostic indicator is:

a. Serum albumin
b. Serum Alpha Feto Protein (AFP)
c. Serum Bilirubin
d. PT and INR

Ans: d

85. In Addison's disease diagnostic test is

a. Serum Na+, K+, rennin
b. Serum Na+, K+, saline suppression
c. Serum creatinine / urea ratio
d. ACTH stimulation test

Ans: a

86. A patient with cushingoid features presents with hemoptysis, he shows no response to dexamethasone suppression test What is most likely diagnosis?

a. Adrenal hyperplasia
b. Adrenal adenoma
c. CA lungwith ectopic ACTH
d. Pituitary microadenomaproduction

Ans: c

87. HBA1C level in blood explains

a. Acute rise of sugar
b. Long terms status of blood sugar
c. Hepato-renal syndrome
d. Chronic pancreatitis

Ans: B

88. A child presents with massive hematemesis and systemic hypotension. He has no feverand other significant history. Examination reveal massive splenomegaly but nohepatomegaly. The most likely source of bleeding is :-

a. Hepatocellular carcinoma
b. Bleeding duodenal ulcer
c. Oesophageal varices
d. Non-cirrhotic portal fibrosis

Ans: c

89. A 55 year-old man has liver fibrosis secondary to hepatitis c developed worseningjaundice, mild encephalopathy. Physical examination shows a nodular liver, CT scandemonstrates the presence of a solid tumor mass near the dome of the right lobe.

Which of the following is an additional useful diagnostic test in this patient?

a. Blood complete picture
b. Alpha-fetoprotein (APP)
c. Carcinoembryogenic agent (CEA)
d. Portal vein angiogram

Ans: B

90. A 48-year old gentleman known to have diabetes presents with episodes of hypoglycemia. He is on oral hypoglycemic drugs whichoral hypoglycemic is the likely drug to cause hypoglycemia?

a. Gliclazide
b. Metformin
c. Sitagliptin
d. Acarbose

Ans: a

91. A 48-year old diabetic male presents with disorientation in emergencydepartment. He is on oral anti-diabetic drugs. On Arrival his BSR was 30mg/dl, Which drug would you like to administer in emergency department?

a. Oral Juice
b. IV glucose 5%
c. IV glucose 10%
d. IV glucose 25%

Ans: d

92. 20 year old woman had elevated indirect bilirubin with normal Liver enzymes,with a normal reticulocyte count.What is the most likely diagnosis?

a. obstructive Jaundice
b. wilson's Disease
c. Pre-hepatic jaundice
d. Gilbert syndrome

Ans: d

93. A 80 years male patient presented with bony swelling at the proximal IP joints and Bouchard'spoints of both hands are swollen.

What is your diagnosis?

a) Rheumatoid Arthritis
b) Gout
c) Osteoarthritis
d) Psoriatic Arthritis

Ans: c

94. A patient of 20 years old presented with HTN for the last 2 years & now hasdeveloped butterfly rash.Which one of the following drugs causes SLE?

a) Hydralazine
b) Propranolol
c) Amoxicillin
d) Omeprazole

Ans: a

drugs causing SLE like syndrome

Plz Check BOM In SHIP
P - Procainamide
C - chlorpropamide
B - barbiturates
O - ocp
M - methly dopa
I - interferon alpha
S - sulphonamide
H - hydralazine
I - isoniazid
P - phenytoin

95. A female patient came to your clinical with a report of autoantibodies positive(ANA +ve, Anti DNA +ve, Anti smith antibodies +ve)
What is the possible diagnosis?

a) SLE
b) RA
c) Fibromyalgia (rheumatica)
d) Ankylosing spondylitis

Ans: a

96. A female patient of 30 years presented with cutaneous manifestation, havingphotosensitivity, malar rash, oral ulcers & joint involvement, renal profile showed proteinuria & CBC showed leukopenia & thrombo-cytopenia. ESR waselevated.
What is your possible diagnosis?

a) Nephrotic Syndrome
b) Nephritic Syndrome
c) SLE
d) Psoriasis

Ans: c

97. An 18-year-old man presented with 2 week history of periorbital puffiness andoedema. He had such episodes in childhood that responded well totreatment. Urine Detailed Report showed protein +3 and blood.
What is the most likely diagnosis?

a) Alport syndrome
b) Post-streptococcal GN
c) IBA Nephropathy
d) Minimal change disease

Ans: d

98. 5 days ago, a 65-year old woman with UTI on Ampicillin developed fever and severe diarrhoea,What organism is most likely to be the cause of diarrhoea in this case?

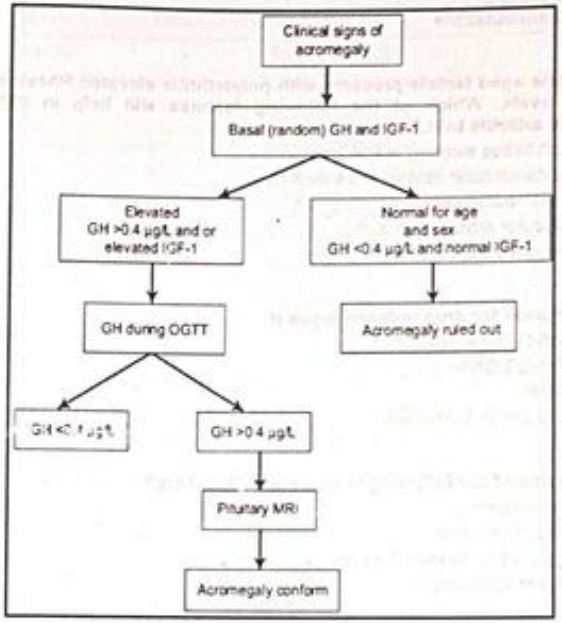
a) Clostridium difficile
b) Bacteroides fragilis
c) Proteus mirabilis
d) Bordetella pertussis

Ans: a

99. A 40 year old man reports with 3 monthshistory of headaches, backache and increasein his shoe size Which of the following is themost specific initial test to make diagnosis?

a) Magnetic resonance imaging of thepituitary gland
b) Measurement of growth hormone (GH) levels during an oral glucose tolerancetest
c) thyroid profile
d) HBA1c

Ans: B


Clinical signs of acromegaly
Basal (random) GH and IGF-1
Elevated GH >0.4 µg/L and or elevated IGF-1
Normal for age and sex GH <0.4 µg/L and normal IGF-1
GH during OGTT
Acromegaly ruled out
GH <0.4 µg/L
GH >0.4 µg/L
Pituitary MRI
Acromegaly conform

100. A 40 year old alcoholic male presented inmedical emergency with complaint of severeepigastric pain, radiating towards back for last3 hours. Pain is made worse by lying and getsbetter by sitting and leaning forward. It isassociated with nausea and two episodes ofvomiting. What investigation will you like to donext?

a) blood sugar random
b) xray abdomen
c) USG abdomen
d) Serum amylase and lipase

Ans: d

101. Drug of choice for renal crises in scleroderma is

a. B-blocker
b. Losartan
c. ACE inhibitor
d. Nitrates

Ans: c

102. Hemophilia with Rheumatoid arthritis analgesic of choice is

a. Ibuprofen
b. Aspirin
c. Acetami ophen

d. Phenylbutazone

Ans: c

103. A middle aged female presents with polyarthritis elevated Rheumatoid factor and ANA levels. Which of the following features will help in differentiating Rheumatoid arthritis toSLE

a Soft tissue swelling in PIP Joint
b. Juxta-articular osteoporosis on X-ay
c. Thrombocytopenia
d. Articular erosions on X-Ray
e. Elevated ESR

Ans: B

104. Best marker for drug induced lupus is.

a. Anti-Histone Antibodies
b. Ant-DS DNA
c. ANA
d. And Smith Antibodies

Ans: a

105. Which one of the following is a cause of Hirsutism?

a. Penicillamine
b. Hypothyroidism
c. Polycystic Ovarian Disease
d. Anorexia Nervosa

Ans: c

106. A female has episodic, recurrent headache in left hemicranium with nausea andparesthesia on right upper and lower limbs is most probably suffering from:

a Migraine
b. Glossopharyngeal neuralgia
c. Herpes zoster infection of trigeminal Nerve
d. Brain tumour

Ans: a

107. Which one following is recognized cause of Erythema Nodosum

a. Diabetes mellitus
b. Sarcoidosis
c. Pregnancy
d. Venous insufficiency

Ans: B

Table 1. Some causes of erythema nodosum.	
Drugs	Sulphonamides
	Oral contraceptive pills
	Penicillin
Systemic diseases	Sarcoidosis
	Inflammatory bowel disease
Infection	Streptococci
	Tuberculosis
	Leprosy
	Chlamydia
	Histoplasmosis
	Coccidioidomycosis
Pregnancy	

108. A 40 year old woman presents with a three month history of itchy. dry eyes and persistently dry mouth She also told that her fingers have been extremely cold,occasionally turning blue after going outside specially in winter. Schirmer's test is positive. What is most likely diagnosis?

a Systemic sclerosis
b. Raynaud's disease
c SLE
d. Primary Sjogren's syndrome

Ans: a

109.An obese NIDDM patient present with FBS = 180 mg% and postprandial blood sugar (PPBS) =260 mg. Initial management should include:

a. Glibenclamide
b. Diet therapy + exercise
c. Diet therapy + exercise + metformin
d Insulin

Ans: c

110. A 22 years old pale looking female has microcytic hypochromic anemia with Hb 8.7 g/d.Target cell present in peripheral blood film, iron studies are normal. What is the most likelydiagnosis?

a. Iron deficiency anemia
b. Thalassemia minor
c. Folate deficiency
d Anemia of chronic disease

Ans: B

111. Which of the following findings can establish a diagnosis of Diabetes Mellitus:

a. Fasting plasma glucose 100mg/dl and 2 hour prandial glucose 140 mg/dl
b. Fasting plasma glucose 125 mg/dl and 2 hour postprandial glucose 199 mg/dl

c. Symptoms of Diabetes plus random blood glucose of 190 mg/dl
d. Glycosylated Haemoglobin (HbA1C) > 6.5%

Ans: B

112. A 55-year-old male is brought into the urgent care center of your hospital by paramedical. He is obtunded, and today his wife could not get him out of bed. He has no significant past medical history. His wifestates that he has not been well for the last week, with decreased energy and fatigue. In addition, he has had a productive cough, which has worsened during the last 3 days. Also, according to his wife, he appears to bedrinking more water. Physical exam reveals a lethargic male who moves to deep pain but has no intelligible speech Vital signs are pulse 115: BP 90/50: respiration 18: Temp 38 2°C (100.7° F) with dry mucousmembranes, bronchial breathing left lower chest. Neurologic examination shows the patient to beresponsive only to pain, with withdrawal. No abnormal reflexes noted. GCS 10/15,: Glucose 550. Urinary ketones are negative.

What is the most likely diagnosis?

a. Hypergylcemic hyperosmolar non ketotic Coma
b. DKA
c. Sepsis
d. CVA

Ans: a

113. Which of the following is the most commonpresentation of primary hyperparathyroidism?

a. Asymptomatic hypercalcemia
b. Bone fracture
c. Kidney stones
d. Osteoporosis

Ans: a

114. What is the cause of infertility in Hypothyroidism?

a) Increased Prolactin levels
b) Decreased Prolactin level
c) Decreased Estrogen level
d) Increased Testosterone levels

Ans: a

Q.115 A 50-year-old male, recently having detected to have raised fasting blood glucose of 180 mg/dl. His BMI is 29.What is the most appropriate drug to start after dietary and lifestyle modification:

a. Metformin
b. Glibenclamide
c. Sitagliptine
d. Insulin

Ans: a

Q. 116 A 26-year-old lady has presented with four months' history of palpitation, loose motions, weight loss and hand tremors. She has gestational amenorrhea of two months. Her thyroid profile shows S TSH level of < 0.002 (N: 0.4 -4), F T4 2.3 ng/dl (N: 0.7 -1.9). What will be the optimal therapeutic modality?

a. Carbimazole
b. Propylthiouracil
c. Radioactive iodine
d. Lugol's Iodine

Ans: B

Q.117 A 23 year old female has presented with weakness, lethargy, diarrhea and weight loss. She has recently noteddark pigmentation of her hands and face. Her supine BP is 90/50 mmHg. What is the most likely pattern of investigations you will expect in this patient?

a. Low ACTH level with normal cortisol level
b. High ACTH level with low cortisol levels
c. Low ACTH level with low cortisol level
d. Normal ACTH level with high cortisol level

Ans: B

Q.118 A patient is found to have a cholesterol of 12 mmol/L. He notes that his mother and grandmother had problemswith high cholesterol. He is thought to have familial hypercholesterolaemia.Which of the following features is highly suggestive of this?

a. Tendon xanthomata
b. Xanthalesma
c. Premature corneal Arcus
d. Elevated TGS

Ans: a

Q.119 In Acromegaly, which of the following will be seen in general physical examination?

a. Pallor
b. Velvety skin with tags
c. Hand tremors
d. Peripheral edema

Ans: B

Q.120 A 50-year-old man has presented with breathlessness on exertion and pain in knee joints. On examination, he has normal arterial blood pressure and has unremarkable systemic examination. His BMI is 45%. He has tried to reduce weight with diet and exercise but has been unsuccessful. What is your advice for weight reduction?

a. Bariatric surgery
b. Oral orlistat
c. Gastric balloon placement
d. Referral to a dietitian

Ans: a

Q.121 A 59 year old man has presented with one month history of inability to see at night. He has past history of cirrhosis liver secondary to HCV infection for last two years. What is the likely cause of his symptoms?

a. **Vitamin A deficiency**
b. Vitamin B 1 deficiency
c. Vitamin C deficiency
d. Vitamin D deficiency

Ans: a

Q.122 Diagnosis of Gout is confirmed on:

a. Classic clinical features
b. Raised uric acid level
c. Presence of urate crystals in urine
d. Presence of urate crystals in synovial fluid

Ans: B

Q. 123 commonest organism in septic arthritis is:

a. Streptococcus
b. Pneumococcus
c. Pseudomonas
d Staphylococcus aureus

Ans: d

Q. 124 A Patients with RA who are using methotrexate are at risk of developing:

a. Hepatotoxicity
b. Nephrotoxicity
c. Peripheral neuropathy
d. Optic atrophy

Ans: a

Q. 125 A 60-year-old man presents to the ER with acute gouty arthritis. What is the most appropriate drug to start

a. Naproxen (NSAID)
b. Allopurinol
c. Acetaminophen
d. Tramadol

Ans: a

Q.126 A 45-year-old woman reports with proximal myopathy. Her clinical examination is remarkable for warm, sweaty hands; tachycardia and BP of 150/70 mmHg. What is the likely diagnosis?

a. Pheochromocytoma
b. Hyperthyroidism
c. Polymyositis
d. **Osteomalacia**

Ans:b

Q.127 A 80-year-old man is referred for complaints of hip pain for last few months. His pain has settled somewhat with analgesia. His alkaline phosphatase is 996 IU/L (N:30-300 IU/L); serum calcium normal; X-rays show evidence of loss of trabeculae, abnormally thickened bone and sclerosis. What is the likely diagnosis?

a. Fibromyalgia
b. Osteomalacia
c. Paget's disease
d. Osteomyelitis

Ans: c

Q.128 A 45 year old male has psoriasis for last five years. He has recently presented with pain in hands. What are the joints which you will like to examine particulary?

a. Large weight bearing joints
b. Proximal interphalangeal joints
c. Distal interphalangeal joints
d. Sacro-iliac joints

Ans: B

Q.129 A female 24-year-old university student presented to outpatient depa ment with complaints of pain in small joint of hands and fever for the previous three months. On examination there is facial rash and generalized lymphadenopathy. What is the appropriate investigation for the most likely diagnosis?

a. Serum ANA levels
b. Fine needle aspiration of lymph node
c. X-rays of hands
d. Tuberculin test

Ans: a

Q.130 A young soldier has been brought with high grade fever followed by drowsiness. His temperature is 107°F, has hot dry skin. What is the most appropriate immediate step?

a. Start antimalarial
b. Start antimicrobials
c. Give a bolus dose of glucocorticoids
d. Start rapid cooling and rehydration

Ans: d

Q.131 In drowning, cardiac dysrhythmias commonly occur due to:

a. Hypoxia
b. Acidosis
c. Electrolyte imbalance
d. Rhabdomyolysis

Ans: a

5. PSYCHIATRY

1. A 21-year-old girl suddenly developed paralysis of her left arm and leg since 2 days after witnessing violent arguments between her parents. She was referred to you after workup by Neurologist. The most likely diagnoses is:

a. Dissociative disorder
b. Depressive disorder
c. Anxiety disorder
d. Stroke

Ans: a

2. A lab technician informs you that a 22 years old male you have sent for a blood draw is very anxious. He says he is terrified of having his blood drawn and almost faints at the sight of the needle.
Which of the following disorder is the most likely diagnosis:

a. Panic disorder
b. Social phobia
c. Generalized anxiety disorder
d. Specific phobia

Ans: d

3. Perceptual disturbances include:

a. Derealization
b. Echolalia
c. Hallucination
d. Ambitendency

Ans: c

4. Most common hallucination in Schizophrenia is:

a. Olfactory
b. Auditory
c. Gustatory
d. Visual

Ans: B

5. Which neurotransmitter is most commonly deranged in Schizophrenia?

a. Serotomin
b. Dopamine
c. Glutamate
d. GABA

Ans: B

6. Which of following neurotransmitter is implicated in Depression?

a. Serotonin
b. Dopamine

c. Epinephrine
d. Glutamate

Ans: a

7. Which of the following laboratory investigation should be done to rule out medical cause for a patient of anxiety:

a. EEG
b. LFTs
c. RFTs
d. TSH

Ans: d

8. Miss Salma checks light switches, water facets, the stove, and locks doors at least three times before going to bed.She is most likely suffering from which of the following? .

a. Panic Disorder
b. Phobia
c. Obsessive Compulsive Disorder
d. Post-Traumatic Stress Disorder

Ans: c

9. Misinterpretation of a sensory stimulus is called:

a. Delusion
b. Illusion
c. Hallucination
d. Stupor

Ans: B

10. Which of the following refers to when an individual with Schizophrenia believes in contrary to evidence given that he is someone with fame or power:

a. Delusions of grandeur
b. Delusions of control
c. Ideas of grandeur
d. Nihilistic delusions

Ans: a

11. Which of the following is a commonly administered screening test to evaluate for dementia?

a. Geriatric Rating Scale
b. Glasgow Coma Scale
c. Folstein Mini-Mental Status Examination (MMSE)
d. Mental Status Examination (MSE)

Ans: c

12. Which of the following is a psychiatric diagnosis that may mimic dementia?

a. Depression
b. Posttraumatic stress disorder

c. Generalized anxiety disorder
b. Obsessive-compulsive disorder

Ans: a

13 A 46-year-old man is admitted to the emergency department acutely diaphoretic, tachycardic, hypertensive, tremulous, and agitated. He refuses to give a urine sample for toxicology studies. He is apparently hallucinating, judging from his insistence that he be allowed to "squash those bugs on the wall" (there are none). Which of the following conditions may give rise to this type of hallucinations?

a. Delirium
b Delusional disorders
d. Schizophrenia ach
d. Brief psychotic disorder

Ans: a

14 After being struck on the head by a steel rod, a construction worker starts making inappropriate sexual remarks to his coworkers, is easily distracted and loses his temper over minor provocations. What part of the brain has most likely been damaged?

a. Parietal lobe
b. Limbic system
c. Temporal lobe
d. Frontal lobe

Ans: d

15. A 85 year old lady presents with progressive cognitive impairment, difficulty in word comprehension, inability to complete tasks and emotional lability. Which of the following is the most likely diagnose?

a. Alzheimer's disease
b. Fronto-temporal degeneration
c. Parkinsonism.
d. Multi infarct dementia

Ans: a

16. A young female complains of being on the edge. She always feels that something terrible will happen/Most of the times she has palpitations and sweaty palms. This is not associated with any specific situation or place and most of the times of the day. Her thyroid profile is within normal range. What is the most probable diagnose

a. Panic disorder
b Generalized anxiety disorder
c. Phobic anxiety disordered
d. Hyperthyroidism

Ans: B

17. A soldier was brought to emergency with complaints of weeping spells, shouting, episodes of altered consciousness and abusing terrorists after he saw the dead bodies of his colleagues in a bomb blast four hour ago condition matches best to his present state?

a. Post traumatic stress disorder
b. Adjustment disorder
c. Acute stress reaction
d. Grief reaction

Ans: c

18. A 19 year old girl has amnesia for the events surrounding a fatal automobile accident inwhich she was the speeding driver. Which defense mechanism this behavior shows?

a. Displacement
b. Dissociation
c. Identification
d. repression

Ans: d

Mechanism	Description	Example
Repression	Repression is an unconscious mechanism employed by the ego to keep disturbing or threatening thoughts from becoming conscious.	During the Oedipus complex aggressive thoughts about the same sex parents are repressed
Denial	Denial involves blocking external events from awareness. If some situation is just too much to handle, the person just refuses to experience it.	For example, smokers may refuse to admit to themselves that smoking is bad for their health.
Projection	This involves individuals attributing their own unacceptable thoughts, feeling and motives to another person.	You might hate someone, but your superego tells you that such hatred is unacceptable. You can 'solve' the problem by believing that they hate you.
Displacement	Satisfying an impulse (e.g. aggression) with a substitute object.	Someone who is frustrated by his or her boss at work may go home and kick the dog.
Regression	This is a movement back in psychological time when one is faced with stress.	A child may begin to suck their thumb again or wet the bed when they need to spend some time in the hospital.
Sublimation	Satisfying an impulse (e.g. aggression) with a substitute object, in a socially acceptable way.	Sport is an example of putting our emotions (e.g. aggression) into something constructive.

19. A 27 year old man presents with 2-month history of excessive forgetfulness. Whileassessing his attention and concentration, which of following test is most helpful:

a. Digit span test
b. Halstead-Reitan Battery
c Lauria Nebraska Neuropsychological Battery
d. Serial sevens test

Ans: a

20. A 43 year old lady, mother of 6, housewife, presented to the Medicine OPD withcomplaints of generalized headache for 6 months that persists throughout the day. Shealso states that she has 'feeling of tightening of nerves of her shoulders' and hasgeneralized pain in stomach without any change in defecation habits. She was examinedthoroughly by Senior Consultant, Abdominal ultrasound and Endoscopy were done bothof which turned out to be normal. X-ray neck shows no signs of osteoarthritic changes.

Which of the following best describes patient's symptoms?

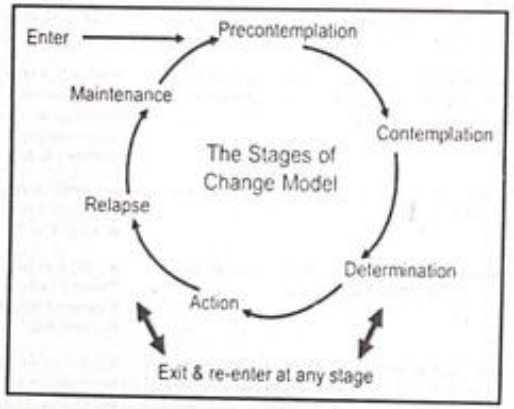
a. Depressive episode
b. Malingering
c. Unexplained somatic symptoms
d. Acting out

Ans: c

21. A 30 years old shop keeper has been abusing Opioids for the past five years. He smokes it and also occasionally injects IV. He is now ready to quit addiction. At whichstage of motivation is he currently on.

a. Pre contemplation
b. Contemplation
c. Decision
d. Action

Ans: b



22. A 30-year old Engineer suddenly develops extreme anxiety, tremulousness shortness ofbreath, sweating and fear of losing body control episodically whenever he is about todeliver a presentation. The most likely diagnosis in this case is:

a. Panic Disorder
b. Social Anxiety Disorder
c. Illness anxiety disorder
d. Major depressive disorder

Ans: B

23. A 50-year-old woman presents with loss of appetite, generalized weakness excessivesweating and left upper quadrant pain. On examination there is large spleen. Peripheralfilm shows raised TLC, decrease hemoglobin and platelet count. Bone marrowexamination shows Philadelphia (ph) chromosome. Which of the following is the likelydiagnosis?

a. Acute lymphoblastic leukemia
b. Chronic myeloid leukemia
c. Chronic lymphocytic leukemia
d. Myelofibrosis

Ans: B

24. A 67-year-old man presents with acute severe back pain. He is normally fit and well, butthere is a strong family history of osteoporosis. Hb 10.650, MCV 85, Calcium 13 mg/dl,Phosphate 5.5mg/dl, Akaline phosphatase 126 UAT (50-1 50), Total protein 765/L,Albumin 30g/L. What is the most likely underlying diagnosis?

a. Metastatic disease
b. Multiple myeloma
c. Osteoporosis
d. Pagets disease

Ans: B

25. A 65 year old man who is heavy, smoker for thirty years presented with hemoptysis andproductive cough with chest pain for two weeks. He has anorexia and weight loss of10 kg for three months. On examination he has hoarse voice, bilateral clubbing, ptosisand constriction of pupil on right side Chest exam nation showed decrease movementswith absent breath sounds and stony dull percussion on right lower chest. What is themost likely diagnosis

a. Tuberculosis
b. Pneumonia
c. Bronchogenic carcinoma
d. Bronchiectasis

Ans: c

26. A 28 year old boy investigated for bleeding of gums. His Hb is 7g/dl platelet count 12, TLC 1.2x10*9/L. Bone marrow is hypocellular .What is the most likely diagnosis

a. Aplastic anemia
b. Iron deficiency anemia
c. Acute lymphoblastic lymphoma
d. Hypersplenism

Ans: a

27.A 67-Year-old patient living abroad presents with blue discolouration of their nails. Whatis likely possibility?

a. anti HIV
b. Renal Failure
c. Tetracycline's
d. Gold Injections

Ans: a

28. A 45-year old man with depression is started on drug therapy.Which one of the following anti-depressants is classed as serotonin re-uptakeinhibitor (SSRI)?

a) Imipramine
b) Nortriptyline
c) Amitriptyline
d) Fluoxetine

Ans: d

Classification of antidepressant drugs

1. Monoamine oxidase inhibitors (MAOI) e.g. selegiline.
2. Tricyclic antidepressants (TCA) e.g. imipramine, amitriptyline.
3. Selective serotonin reuptake inhibitors (SSRI): e.g. fluoxetine, sertraline.
4. Other (atypical) antidepressants: e.g. maprotiline, trazodone.
5. Mood stabilizing drugs: e.g. Lithium.

29. A 35-year-old lady, a rape-attempt Survivor, presented with complaints ofinsomnia, nightmares, impulsivity and difficulty in concentration.What is her diagnosis?

a) Personality disorder
b) Anxiety
c) Depression
d) Post-traumatic stress disorder

Ans: d

30. A 40-year-old gentleman presented to the OPD with 2-month history oflow mood, loss of concentration, insomnia and loss of appetite with weight loss.

What is the most likely diagnosis?

a) Anxiety
b) Idiopathic weight loss
c) Depression
d) Hypomania

Ans: c

31. A 40-year-old gentleman was brought to the OPD with bothersome symptoms ofrepeated hand washing and repeated thoughts related to hygiene.

What is the likely diagnosis?

a) Phobic anxiety
b) Psychosis
c) Chronic depression
d) Obsessive compulsive disorder

Ans: d

32. A 21-year-old female presented with significant weight loss. On further questioning, her mother related a history of self-induced vomiting and low mood, BMI is 15kg/m2 (normal range 18-25 kg/m2)

What is the likely diagnosis?

a) Depression
b) Personality disorder
c) Hyperthyroidism
d) Anorexia nervosa

Ans: d

6. HAEMATOLOGY AND NEPHROLOGY

1. The simplest method for detecting increased RBC production is:

a. RBC count
b. Ferrokinetics studies
c. Reticulocyte count
d. Bone marrow biopsy

Ans: c

2. A fifteen year old girl presents with history of fever, bleeding from gums and pallor for last 3weeks. Her peripheral blood filmshowspancytopenia.Which of the following is confirmatory testto reach a diagnosis?

a. PT,INR &aPTT
b. Bone marrowexamination
c. Reticulocytecount
d. Coomb'stest

Ans: B

3. A middle aged male patient known case of decompensated chronic liver disease presented with bleeding in right knee joint. There is suspicion of decrease production of II, VII, IX & X clotting factors. Which of the following test indirectly helps to confirm above suspicion?

a. Bleeding time
b. Prothrombin time
c. Activated partial thromboplastin time
d. Clotting time

Ans: B

4. Which of the following is NOT procoagulant:

a. Protein C
b. Protein S
c. Calcium
d. Fibrinogen

Ans: B

5. Which of the following is NOT the cause of iron deficiency anemia:

a. Blood loss
b. Malabsorption
c. Increased physiological demands
d. Folic acid deficiency

Ans: d

6. A young lady who is known case of Grave's disease is being evaluated for progressive pallor and fatigue. On endoscopy her gastric mucosa was atrophied. Biopsy confirmed loss of parietal cells. This lady is most likely suffering from which of the following anemia?

a. Anemia of chronic disease
b. Iron deficiency anemia
c. Pernicious anemia
d. Megaloblastic anemia

Ans: c

7. Normal length of human kidney in cm is approximately

a. 6-10
b. 11-14
c. 12-18
d. 19-22

Ans. B

8. A young biker had a road traffic accident and landed in emergency room (ER). in unconscious state. He has femur fracture &is severely dehydrated.He has lost a lot of blood; his BP on admission is 60/nil, resuscitated with iv fluids and multiple blood transfusions. Immediately operated and admitted to inpatient facility. On 2nd day of admission he developed intractable vomiting and decrease urine output. His creatinine is 6mg/dl & urea is 450mg/dl. He has developed acute renal failure due to:

a. Acute tubular necrosis
b. Kidney damage during accident
c. Glomerulonephritis
d. Multiple blood transfusions

Ans: a

9. A 50-year-old diabetic of poor glycemic control presented with decrease urine output, vomiting, fatigue and anorexia which are gradually worsening for past few months. Now he developed chest pain, shortness of breath & altered sensorium. He told that sitting up and leaning forward tends to ease the pain, while lying down and breathing deep worsens it. On examination there are bilateral basal crepitations on lung bases & pericardial friction rub on precordial examination. His Creatinine is 10mg/dl, urea 160mg/dl. Sr.sugar is 200mg/dl. Potasium 7mEq/L, GCS is 11/15, No focal neurological deficit. Under these circumstances which of the following is most appropriate treatment option for this patient?

a. Antiemetic, Diuretics & appetizer
b. Antibiotics & control of Diabetes
c. Hemodialysis
d. Kidney transplantation

Ans: c

10. All of the following are indications of Kidney transplantation EXCEPT:

a. Multiple myeloma
b. CKD
c. Polycystic kidney disease
d. Chronic Glomerulonephritis

Ans: a

11. Which of the following is commonest cause of chronic kidney disease?

a. Hypertension
b. Diabetes
c. Interstitial kidney diseases
d. Alcohol

Ans: B

12. A 52-year-old male developed chronic kidney disease. Auscultation of precordium reveals friction rub over cardiac apex. He is most likely having pericarditis that is termed as?

a. Serous
b. Fibrinous
c. Constrictive
d. Hemorrhagic

Ans: B

13. A ten years old boy gives history of swelling of body starting from face and more on getting up in the morning. On examination his blood pressure is normal, jugular venous pressure is not raised. Clinical examination is consistent withascites and bilateral pleural effusion. The first line of investigation in this case:

a. Blood urea level
b. Chest X-ray
c. Echocardiography
d. Urine examination

Ans: d

14. A young lady presents with complaints of dark coloured urine & oliguria for the last 2days.On further inquiry she told that had sore throat 4days back & she had similar episodes of dark coloured urine in past. She denies any history of frothy urine. Her physical exam is unremarkable except for BP which is 180/100mmHg. Compliments levels are within normal limits. She is most likely suffering from which of the following medical condition?

a. Post-streptococcal glomerulonephritis
b. C3 glomerulopathy
c. IgA nephropathy
d. Nephritic syndrome

Ans: c

15. Which of the following is the most common cause of fever due to blood transfusion?

a. Acute hemolytic transfusion reaction
b. Transfusion associated septicemia
c. Febrile non-hemolytic transfusion reaction
d. Malaria

Ans: c

16. Which of the following is the cause of Acute hemolytic transfusion reaction?

a. Antibodies in the recipient against donor's RBCs

b. Antibodies in donor's blood against recipient's RB
c. Antibodies in the recipient against donor's
d. Antibodies in donor's blood against recipient's leucosis

Ans: c

17. A 18 year old girl, during a routine medical checkup. macrocytic and hypochromic picture with few target cells during his routine medical checkup is found to have Hb 9.2 gm/dl. Her peripheral film she is normal. What is the most likely diagnosis in this case with few target cells. On further investigation, her serum ferritin and serum Transferrin saturation are also normal.

a. Aplastic anemia
b. Thalassemia trait
c. Anemia of chronic disease
d. Iron deficiency anemia

Ans: B

Q.18 A patient with Rheumatoid arthritis presented with high grade fever and epistaxis. On examination, there is evidence of splenomegaly. What is the most likely diagnosis?

a. Feltys syndrome
b. Aplastic anaemia
c. Medication related pancytopenia
d. B12 deficiency

Ans: a

Q19. A young man presents with four weeks history of fever, bleeding from gums on cbc he has pancytopenia. Which of the following is the most important investigation in patient with history of fever, bleeding from gums and progressive pallor?

a. Bone marrow examination
b. Coombs test
c. Serum Iron levels
d. Reticulocytes count.

Ans: a

Q20. A 20-year-old man was referred for investigation of jaundice which has been apparent since early life. Investigation revealed hemolytic anemia, Jaundice accompanied by anemia been apparent since early life. Episodes of jaundice were more marked during infections or after fasting.

On investigation the following results were obtained:

hemoglobin, 11.8 g/dL
mean corpuscular volume (MCV] 85.5 fl
mean corpuscular hemoglobin (MCH) 29.1 pg
mean corpuscular hemoglobin concentration (MCHC] 34 g/dL
reticulocyte count 5.44
Blood film shows spherical red cells with lack of pallor in the central area.
What is the diagnosis?

a. Anaemia of chronic disease

b. Sideroblastic anaemia
c. Megaloblastic anaemia
d.Hereditary spherocytosis

Ans: d

Q21. A 48 year old male was referred for investigation of anemia.
Results show
Hemoglobin of 7.2 g/dL
a white blood cell count of 3 x 10^9/1
platelet count of 60x 10^9/10
On physical exam, his spleen was enlarged
Peripheral blood showed teardrops and a leukoerythroblastic smear. Bone marrow biopsy showed increased numbers of megakaryocytic and grade III fibrosis.
What is the diagnosis?

a.Folate deficiency anaemia
b. Coomb's positive haemolyticanaemia
c. Myelofibrosis
d Multiple myeloma/ Chronic myeloid leukaemia

Ans: c

Q22. A 60 year old woman was admitted with a 10-month history of rash, fatigue, intermittent hemoptysis, and purpura. On admission, widespread Petechiae and purpura with scleral icterus were noted. No lymphadenopathy or splenomegaly was present.
Investigations showed:
platelet count of 3 x 10^9/L
hemoglobin level 5.5 g/dL
mean corpuscular volume 103 fl
white cell count 3.6 x 10^9/L
neutrophils at 0.67 without myeloid blasts
The patient's reticulocyte count was 0.20
serum urea 15.4 mmol/L (43 mg/dL)
creatinine, 239 pmol/L
lactate dehydrogenase (LDH) 2505 U/L
total bilirubin 19 umol/L (4.6 mg/dL)
haptoglobin, 6 g/L

Review of the peripheral smear revealed notable red cell morphology with 24 nucleated red blood cells per 100 white blood cells, many of which were dysplastic.

What is the most likely diagnosis?

a.Idiopathic thrombocytopenic purpura
b. Thalassemia
c. Sickle cell disease
d.Myelodysplasia

Ans: d

Q.23 A 12 year old girl has been bleeding excessively from a cut to her arm. Her mother and grandmother also have a history of easy tendency towards bleeding. Her Blood results show:
Hb 13 g/dl
WCC 9 x 10^9/1
platelets 160 x 10^9/1
PT 14
APTT 55 (24-38)
thrombin time 18 (14-22)
bleeding time 14 minutes (<8 minutes)
Which is the most likely diagnosis?

a.Hemophilia A
b Von Willebrand's disease
c. Warfarin
d. Hemophilia B

Ans: B

Q24.55 year old patient had treatment with Penicillamine for reumatoid arthritis. She presents with weakness and claiming that it may be a side effect of the drug Her Hb 9 g/dl/WCC is 2 x 10^9 /platelet count is 15 x 10^9/ R is 10 and APTT is 27sec. Which of the following is the most likely diagnosis?

a.Acute myeloid leukaemia
b. Myelodysplasia
c. Aplastic anaemia
d Folate deficiency

Ans: c

D-Penicillamine

- Mode of action: Cu binding agent & induces cupruria.
- Dose: 1-1.5gm in 2-4 divided doses daily.
- Side effects:
  - Skin rash
  - Protein losing nephropathy
  - Lupus like syndrome
  - Bone marrow depression
  - Serous reaction.
  - May aggravate neurological symptoms.

Q25. A 55 year old man has had varicose vein repair. He develops a swollen leg five days following surgery and an ultrasound of the leg confirms a DVT. This is despite him having prophylactic low molecular weight heparin. His Hb is 11g/dl WCC 3 x 10^9/ platelet count is 45 x 10^9/1. Which of the following could have caused the DVT.

a.Behcet's disease
b.Protein C deficiency

c. Immune thrombocytopenic purpura
d. Heparin induced thrombocytopenia

Ans: B

Q.26 Blood 12. A 25 year old woman presented unwell with diarmoea occurring 5 times a day for 4 days. She had not passed urine for a day.

Investigations

Hemoglobin 8.2 g/dl
White cell count-142 X 10^9/L
Neutrophils 10.5 x 10^9/L
Platelets 32 x 10/L
Fibrinogen 5 g/dL
Serum sodium 138 mmol/L
Serum potassium 6.3 mmol/L
Serum urea 38 mmol/L
Serum creatinine 450 umol/L
Serum albumin 29 g/
Dipstick urine Blood + Protein +

What is the diagnosis?

a. Idiopathic thrombocytopenic purpura
b. Hemolytic uremic syndrome
c. Myelodysplasia Syndrome
d. Disseminated intravascular coagulation

Ans: B

Q.27 A 70 years old male was diagnosed with CLL after he developed recurrent episodes of chest infections. TLC was 82 x 109/L with Lymphocytosis. He is to be started on Fludarabine. Prior to commencing chemotherapy which of the following should be given to patient?

a. Tazocine
b. Levofloxacin
c. Cotrimoxazole
d. Acyclovir

Ans: c

Q28. A 70 years old patient presented with easy fatigability and exertional dyspnoea. His CBC showed Hb 9mg/dl. TLC 3.0 and platelets 97000/ MCV 105 fl. Peripheral blood showed hype segmented neutrophils with hypergranular cytoplasm. What is the most probable diagnosis?

a. B12 Defiency anemia
b. Folic acid deficiency
c. Myelodysplasia syndrome
d. Anemia of chronic disease

Ans: B

Q.29 A 40 years old male presented with pallor, and easy bruisability Bone Marrow aspiration revealed 80% blasts his coagulation profile was markedly deranged and fibrinogen-level was 80 mg/dl. What is the most likely diagnosis?

a. Lymphoblastic Leukemia
b. CLL
c. Monocytic Leukemia M5
d. PromyelocyticLeukemia M3

Ans: d

Q.30 A 72 year old woman presents with malaise, headaches and weakness in her arms and legs. Clinical examination reveals lymphadenopathy and hepatosplenomegaly. Nerve conduction tests show a sensory neuropathy. Her blood tests reveal Hb of 7.9g, MCV 95 f1, WCC 9 x 10^9/. Her ESR is 80 and GM par protein of 18 g/1 (0-5). Which is the most likely diagnosis?

a. Multiple myeloma
b. CML
c. CLL
d. Waldenstrom'smacroglobulinaemia

Ans: d

	Waldenström macroglobulinemia	Multiple myeloma
Major manifestations	• Hyperviscosity syndrome • Neuropathy • Bleeding • Hepatosplenomegaly • Lymphadenopathy	• Osteolytic lesions/fractures • Anemia • Hypercalcemia • Renal insufficiency
Monoclonal antibody	IgM	IgG, IgA, light chains
Peripheral smear	Rouleaux	Rouleaux
Bone marrow biopsy	>10% clonal plasma cells	>10% clonal plasma cells

Q.31 The patient is found on biopsy mixed cellularity Hodgkin's lymphoma, Liver function tests are normal and spleen is non palpable. The next step in evaluation is

a. CT scan of abdomen and pelvis
b. Liver biopsy
c. Staging laparotomy
d. ESR

Ans: a

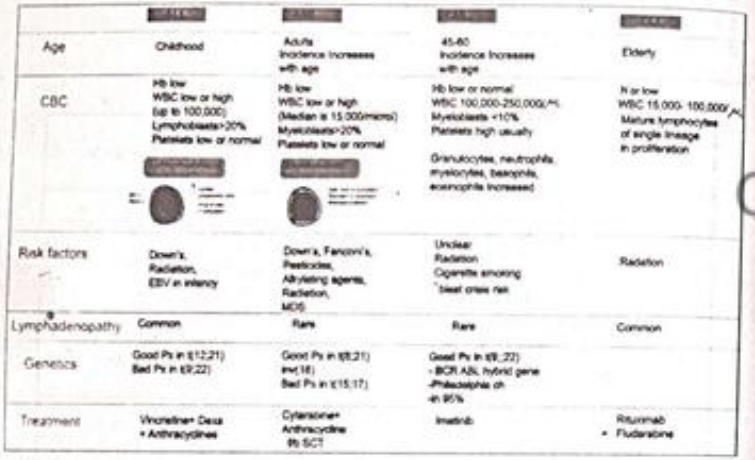
Q.32 A 73 years old woman underwent baseline workup prior to an elective cholecystectomy. Her past history included ischemic heart disease. Screening blood tests were done and the full blood count is reported as follows:

Hb: 12.9 g/dl –
Platelets : 158,000
WBC: 19,000 +
Neutrophils : 4.2 x10
Lymphocytes : 14 x10⁹

What is the most likely diagnosis?

a. Hodgkin's lymphoma
b. Non-Hodgkin's lymphomax
c. Chronic lymphocytic leukemia
d. Transient viral illness

Ans: c



Q.33 Which of the following bone pathology is characteristically seen in multiple myeloma?

a. Lytic lesions and osteopenia
b. Osteoporosis
c. Pathological fractures
d. Paraspinal masses

Ans: a

Q.34 A 35 year old male has had loin pain for several months however, has never sought medical help. He now presents with severe loin pain and hematuria.He is found to be hypertensive and his bloods reveal renal impairment. He states his father and grandfather had problems with their kidneys and his father died suddenly from "a bleed in the brain". What is the most likely diagnosis?

a. Polycystic Kidney Disease
b. Renal stones
c. Medullary sponge kidney
d. Urinary tract infection

Ans: a

	Autosomal dominant polycystic kidney disease (ADPKD)	Autosomal recessive polycystic kidney disease (ARPKD)
Incidence / Prevalence	~1:400 – 1:1000 live births ~600,000 patients in USA	~1:20,000 live births ~115,000 patients in USA
Mutated genes	PKD1 (~85%) PKD2 (~15%)	PKHD1
Major clinical features	Kidney cysts (100%) Bile duct cysts (70%) Hypertension (80%) Vascular aneurysms (10%)	Kidney cysts Bile duct cysts Hypertension
Outcomes and complications	~ 50% of patients develop kidney failure. Aneurysms may rupture causing sudden death.	>50% of patients develop kidney failure before 20 years of age. Portal hypertension
Major advances	Generation of orthologous animal models. On-going human clinical trials.	Generation of orthologous animal models.

Q.35 A elderly man was found collapsed in an abandoned building found collapsed in an abandoned building and brought to the emergency departm unable to give a history. On examinationin A&E reveal elevated temp on examination, he smelled of alcohol with a pulse of 45 bpm pressure of 110/80 mmHg.Dipstick urine analysis shows Blood +++ protein + glucose

Some of his investigation results are listed below

Sodium 135 mmol/l
Potassium 4.5 mmol/l
Urea 5 mmol Creatinine 300 umol/l
AST 320 (1-31) U/l
LDH 800 U/L (110-230) U/L

What likely cause of the raised serum creatinine concentration?

a. Chronic renal failure
b. Hypothermia
c. Paracetamol poisoning
d. Rhabdomyolysis

Ans: d

Q.36 A 59 year old male presents with lethargy, anorexia and peripheral oedema. He is found to De hypercalcemia and have renal impairment and chronic backache. A renal biopsy reveals deposits which are Stained with Congo red appear as apple green bifringence under polarized light. There is evidence of a par protein band on serum electrophoresis. What is the most likely diagnosis?

a. AL Amyloidosis secondary to multiple myeloma

b. Primary Amyloidosis
c. Nephrotic syndrome
d. AA amyloidosis secondary to multiple myeloma
Ans: a

Denomination	Clinical syndrome	Amyloidogenic protein
AL	Monoclonal gammopathy	Immunoglobulins/light chains
AA	Sustained, chronic inflammation	Serum amyloid A protein
AF	Familial polyneuropathy, familial cardiomyopathy, familial nephropathy	Mutant transthyretin, A_1-apolipoprotein, gelsolin, fibrinogen, lysozyme, etc
ATTRwt	Senile restrictive cardiomyopathy	Wild-type transthyretin
AH	Dialysis-related	β_2-microglobulin

Abbreviations: AL, amyloid light-chain; AA, amyloid A; AF, familial amyloidosis; ATTRwt, transthyretin-related amyloidosis, wild-type; AH, amyloid A hereditary

Q.37 A patient presents presents with acute renal failure secondary to rhabdomyolysis, Which other biochemical abnormalities may be seen?

a. Hyperkalaemia and metabolic acidosis
b. Hypokalaemia and metabolic alkalosis
c. Hyperkalaemia and metabolic alkalosis
d. Hypokalaemia and metabolic acidosis
Ans: c

Q.38 A 45 year old man with no previous past medical history presents with a BP of 180/100 mm Hg, frothy urine and peripheral oedema. There is +++ blood and +++ protein on urinalysis. 24-hour protein loss is 5 grams, Plasma albumin is 25 g/L. Plasma C3 is 0.10 (low). Plasma creatinine is 160 umol/l. A renal biopsy is performed Which of the following is most likely to be found on the biopsy?

a. Minimal change glomerulonephritis
b. Mesangiocapillary glomerulonephritis
c. IgA nephropathy
d. Post streptococcal glomerulonephritis
Ans: B

Q.39 A 32 year old woman has presented with symptoms of haemoptysis for 6 months. Urine dipstick showed blood ++ and she was noted to have renal impairment with a creatinine of 160 umol/l. A Chest XR showed upper lobe infiltrates. A renal biopsy was performed, and this showed crescentic accumulation of cells, deposition of IgG in glomerular basement membrane and extracellular material in the urinary space of a glomeruli. Which one of the following tests is likely to be positive?

a. Anti centromere antibody
b. PANCA
c. CANCA
d. Anti GBM antibody
Ans: d

Q40. A 32 year old diabetic man has chronic renal failure and has been on peritoneal dialysis for a few years. He is currently on 1-alfa-calcidol replacement His calcium is 3 mmol/l, phosphate 6 (0.8-1.4) mmol and PTH IS 9 (0.89) pmoll. What is the diagnosis?

a. Hypercalcemia secondary to vitamin D
b. Primary hyperparathyroidism replacement
c. Secondary hyperparathyroidism
d. Tertiary hyperparathyroidism
Ans: c

Hyperparathyroidism classification

Different causes and features of hyperparathyroidism - raised parathormone (PTH).

	primary	secondary	tertiary
pathology	Hyperfunction of parathyroid cells due to hyperplasia, adenoma or carcinoma	Physiological stimulation of parathyroid in response to hypocalcaemia	Following long term physiological stimulation leading to hyperplasia
associations	May be associated with multiple endocrine neoplasia	Usually due to chronic renal failure or other causes of Vitamin D deficiency	Seen in chronic renal failure
serum calcium	high	low / normal	high
serum phosphate	low / normal	high	high
management	Usually surgery if symptomatic. Cinacalcet can be considered in those not fit for surgery.	Treatment of underlying cause	Usually cinacalcet or surgery in those that don't respond.

NICE have issued guidance for the use of cinacalcet in what they call refractory secondary hyperparathyroidism which is classified as tertiary hyperparathyroidism in this tblable. http://www.nice.org.uk/TA117

Q.41 A 58 year old man has presented with chest pain and pulmonary edema.He is managed as acute coronary syndrome. He did not tolerate a GTN infusion as his blood pressure was 85/60 but improved with Frusemide and his Pressure stabilized.An ACE inhibitor was held off due to renal impairment. He is coincidentally found to have a chest infection, his blood cultures, his blood cultures grew streptococci and he was treated with augmentin. His blood tests on admission show a creatinine of 145 umol/l rising up to 190umou atinine gl 145 umol/l rising up to 100umol and then 250 umol/l the day after. What is the likely cause of acute kidney injury?

a. Urinary tract infection
b. Acute tubular necrosis
c. Interstitial nephritis due to augmentin
d. Post streptococcal glomerulonephritis
Ans: c

Q42. A 50 year old man presents with a three month history of weight loss, diffuse myalgia, epistaxis and hemoptysis. He And a past medical history of hypertension, and described episodes of hematuria. Physical examination showed that he had

diffuse lower extremity muscle tenderness, crepitations in the lungs and a rash on the trunks. Chest x-ray showed bilateral diffuse pulmonary infiltrate.
Investigations showed:
Urine protein 1+ urine sediment - many red blood cell and granular casts erythrocyte sedimentation rate (ESR) was 65 mm/hr
anti-nuclear antibody (ANA)- borderline positive 1:40 anti-streptolysin O (ASO) antibody - 1:40
C-ANCA - positive at a titer of 1:320, PR 3 positive
p-ANCA - negative anti-double stranded DNA titer < less than 1:2.

What is the diagnosis?

a. Good pasture's syndrome
b. Systemic lupus erythematosis
c. Microscopic polyangiitis
d. Wegener's granulomatosis

Ans: c

Q.43 A patient with septicemia begins to bleed from her nose, ear and venicetion sites. A coagulation screen reveals prolonged Pt and APTT and a low fibrinogen and platelet count. Given the most likely diagnosis, which investigation will aid in confirming the diagnosis?

a. D dimers
b. Bleeding time
c. Thrombin time
d. Blood cultures

Ans: a

Laboratory Findings in Acute DIC	
- Platelet Count	↓
- Fibrinogen	↓
- PT (INR)	↑
- PTT	↑
- D-dimer	↑
- Peripheral smear	Schistocytes, helmet cells

44. What is the most specific feature of Nephrotic syndrome?

a. Proteinuria of more than 3.5g/dl in 24 hours
b. High serum albumin
c. Low serum cholesterol
d. Hypotension

Ans:A

Table 2. Diagnostic Criteria for Nephrotic Syndrome

Factor	*Criteria*
Heavy proteinuria	Spot urine showing a protein-to-creatinine ratio of > 3 to 3.5 mg protein/mg creatinine (300 to 350 mg/mmol), or 24-hour urine collection showing > 3 to 3.5 g protein
Hypoalbuminemia	Serum albumin < 2.5 g per dL (25 g per L)*
Edema	Clinical evidence of peripheral edema
Hyperlipidemia (not required for diagnosis)	Severe hyperlipidemia, total cholesterol is often > 350 mg per dL (9.06 mmol per L)

*—Some experts use a cutoff of < 3.0 g per dL (30 g per L).

Adapted with permission from Hull RP, Goldsmith DJ. Nephrotic syndrome in adults. BMJ. 2008;336(7654):1185.

45. A 40-year-old man presents with acute weakness and palpitations.
Investigations reveal:
Sodium 143 mmol/l (137-144)
Potassium 8.0 mmol/l (3.5-4.9)
Urea 35 mmol/l (2.5-7.5)
Creatinine 450 umol/l [60-110)
Bicarbonate 15 mmol/l (20-28)
What is the best immediate therapy?

a. Intravenous calcium gluconate
b. Intravenous dextrose and insulin
c. Intravenous sodium bicarbonate
d. Nebulized salbutamol
e. Immediate dialysis

Ans:a

Effect	Agent	Dose	Onset	Duration
Membrane Stabilization	Calcium Gluconate (10%)	10mL IV over 10 min	Immediate	30 – 60 minutes
	Hypertonic (3%) Normal Saline	50mL IV push	Immediate	Unknown
Shifters	Insulin (Short Acting)	10 units IV push with 25 – 40 g dextrose (50% solution)	20 minute	4 – 6 hours
	Albuterol	10 – 20 mg in 4 mL of Normal Saline nebulized over 10 minutes	30 minute	2 hours
Excreters	Furosemide	40 – 80 mg IV x1	15 minute	2 -3 hours
	Sodium Bicarbonate	150mmol/L IV at variable rate	Hours	Duration of Infusion
	Sodium Polystyrene Sulfonate	15 – 30 g in 15 – 30 mL (70% sorbitol orally)	> 2 hours	4 – 6 hours
Definitive	Hemodialysis	----	Immediate	3 hours

46. A type-2 diabetic patient with chronic renal failure is started on metformin. What is themost likely serious complication he can develop?

a. Atrial Fibrillation
b. Infections
c Hyperglycemia
d. Lactic acidosis

Ans: d

47. Which cause of the nephrotic syndrome usually responds very well to steroids?

a. Membranous nephropathy
b. Memoranous glomerulonephritis
c. Minimal change disease
d Focal segmental glomeruloscierosis

Ans: c

48. A 30-year-old woman is admitted with a deep venous thrombosis. Of note, in herpast history, are three early pregnancy miscarriages.Investigations: Hb 12.8g/dL (Normal 11.5 - 16.5 g/dL), WBC 3.6x109/L (Normal 4-11x109/L), Platelets 35x109/L (Normal 150-400x109/L)

What investigation would you do?

a) Antiphospholipid antibodies
b) Homocysteine concentration
c) Platelet function test
d) Protein C concentration

Ans: a

49. A 16-year-old boy presents with a haemarthrosis that developed in his left kneefollowing an injury in the garden.

Investigations: Platelets 260x109/L (Normal 150-400x109/L), Prothrombin time 13 sec (Normal 11.5-15.5 sec), Activated partial thromboplastin time 80 sec (Normal 30-40 sec), Factor VIII 40 IU/dL (Normal 50-150 IU/dL).

What is the most likely diagnosis?

a) Antiphospholipid syndrome
b) HaemophiliaA
c) Factor V Leiden
d) Von Willebrand disease

Ans: B

50. A 56-year-old man is found to have a macrocytic anemia and bone marrow biopsyshowed a megaloblastic picture.What is the most likely cause of macrocytic anaemia in this patient?

a) Alcohol
b) Aplastic Anaemia
c) Folate deficiency
d) Reticulocytotic

Ans: c

7. CVS AND PULMONOLOGY:

1. Normal Left ventricular systolic pressure is:

a. 100 – 160mmHg
b. 90 – 160mmHg
c. 100 – 140mmHg
d. 90 – 140mmHg

Ans: d

2. Depolarization of Sinoatrial (SA) node is influenced by :

a. Sympathetic nervous system
b. Parasympathetic nervous system
c. Both sympathetic& parasympathetic Systems
d. Endogenous adrenaline

Ans: B

3. Regarding Kussmaul Sign:

a. A rise in JVP during inspiration
b. Typical finding of mitral stenosis
c. Positive when body is in fluid overload
d. Positive in isolated Left ventricular failure

Ans: a

CJ

4. Which of the following ECG leads represent Lateral wall of heart?

a. II, III &aVL
b. I, aVL, V5 & V6
c. V1 to V4
d. V1 to V6

Ans: a

5. A 50-year-old diabetic presents to ER (Emergency Room) with complaints of diffuse central chest pain radiating to left arm &sweating for last 10 hours. ECG shows nonspecific changes. Which of the following test is most appropriate to be carried out to reach a diagnosis?

a. Echocardiography
b. Repeat ECG
c. Exercise Tolerance Test (ETT)
d. Cardiac biomarkers

Ans: d

6. An elderly male who is a known case of Ischemic heart disease presents with complaints of shortness of breath that is associated with orthopnea & paroxysmal nocturnal dyspnea along with chest discomfort for last few days. He further narrated that he is short of breath for last 6 months. Initially he was able to perform his routine activities w 'h mild restriction but now his dyspnea has worsened to an

extent that he is too short of breath to leave the bed. Which of the following test will help to reach a definitive diagnosis?

a. Troponin
b. Exercise Tolerance Test (ETT)
c. Echocardiography
d. Angiography

Ans: c

7. A 30-year-male, smoker, presented with complaints of intermittent claudication of left leg. On exam there is blackening of distal half of feet, pulses around ankle joint are absent while popliteal pulse is palpable.This male is most likely having which of the following clinical condition?

a. Syndrome X
b. Buerger's disease
c. Peripheral arterial disease
d. Limb ischemia

Ans: B

8. A young otherwise healthy lady presented with complaints of bluish discoloration of tip of her fingers when exposed to cold temperature or weather. She denies any history of joint pain or stiffness, oral ulcers, skin thickening, photosensitivity, dysphagia & dryness of her eyes. Her all laboratory investigations are within normal limitsShe is having which of the following clinical condition?

a. Raynaud's phenomenon
b. Raynaud'sdisease
c. Frost bite
d. Secondary Raynaud's

Ans: B

9. A newly diagnosed case of hypertension presented to you for treatment of his raised blood pressure. He said his BP mostly remains high more than 180/100mmHg. Which of the following drugshould be given to him?

a. Beta blockers
b. Diuretics
c. Aspirin
d. Angiotensin receptor blockers

Ans: d

10. Water hammer pulse is feature of which of the following

a. Pulmonary regurgitation
b. Aortic regurgitation
c. Mitral regurgitation
d. Tricuspid regurgitation

Ans: B

11. A 6-year-old child presents with complaints of shortness of breath, cyanosis, agitation, and loss of consciousness. These acute hypoxic spells relieves when he sits by putting his weight of body on the feet but the knees and hips are bent & his knees touch his chest. On examination his finger have clubbing & cyanosis. What is the most likely diagnosis?

a. Pulmonary atresia
b. Transposition of great vessels
c. Persistent truncusarteriosus
d. Tetralogy of Fallot's

Ans: d

12. Which of the following is NOT a feature of Infective Endocarditis

a. 'Varying' murmurs
b. Heberden nodes
c. Cardiac failure
d. Hematuria

Ans: B

13. An elderly male known case of Ischemic heart disease presents with complaints of shortness of breath that is associated with orthopnea & paroxysmal nocturnal dyspnea along with chest discomfort for last few days. He further narrated that he is short of breath for last 6 months, initially he was able to perform his routine activities with mild restriction but now his dyspnea has worsened to an extent that he is too short of breath to leave the bed.On precordial exam there is S3 gallop rhythm and basal crepitations on pulmonary auscultation. Which of the following treatment option will help to improve his dyspnea, orthopnea & PND

a. Atenolol
b. Furosemide
c. Digoxin
d. Captopril

Ans: B

14. An old lady presentedwith history of fever and left sided chest pain for one month. Examination of respiratory system shows decreased chest movements, stony dull percussion note and absent breath sounds on left side. Her chest X-ray is likely to reveal?

a. Collapse
b. Consolidation
c. Pneumothorax
d. Pleural effusion

Ans: d

15. A young lady presented with complaints of low grade fever with evening rise, cough, right sided pleuritic chest pain, weight loss & anorexia for last 20days. Physical examination confirmed right sided pleural effusion along with bronchial breath sounds on pulmonary auscultation. Which of the following is best initial test to diagnose a cause of pleural effusion?

a. Sputum for AFB smear
b. Pleural aspiration & examination
c. CT scan chest
d. USG chest

Ans: a

16. What is the key factor to differentiate type I respiratory failure from type II respiratory failure

a. Oxygen level
b. Carbon dioxide level
c. Bicarbonate Level
d. Calcium level

Ans: B

17. Permanent dilatation of proximal / major airways is feature of which of the following obstructive airway disease

a. Emphysema
b. Asthma
c. Bronchiectasis
d. Chronic bronchitis

Ans: c

18. Which of the following is mainstay of treatment in asthma is?

a. Bronchodilator
b. Steroid
c. Theophylline
d. Antibiotic

Ans: B

19. Most common cause of chronic obstructive pulmonary disease (COPD) is

a. Dust exposure
b. Smoking
c. Alpha 1 antitrypsin deficiency
d. Genetics

Ans: B

20. Major factor which differentiates obstructive lung disease from restrictive lung disease on spirometry is:

a. FEV1
b. FVC
c. FEV1/FVC ratio
d. FVC/FEV1 ratio

Ans: c

21. A 40-year-old alcoholicdevelops fever and cough with foul smelling expectorate. Chest xray shows cavity with air-fluid level in thesuperior segment of the right lowerlobe.The most likely etiological agent is?

a. Mycobacterium bovis
b. Legionella
c. Anaerobes
d. Fungus

Ans: c

22. A 70-year-old male presents with progressively increasing dry cough & shortness of breath for last 4years. He denies any history of orthopnea, paroxysmal nocturnal dyspnea, chest pain. There are no comorbids. On auscultation there is bilateral Velcro like crepitations on lung bases. He is vitally stable.SpO2 is 80%. FEV1/FVC ratio is 80. What is most likely diagnosis?

a Interstitial lung disease
b Left Ventricular Failure
c Chronic obstructive pulmonary disease
d Pneumoconiosis

Ans: a

23. A 50-year-old male withemphysema and chestx-ray showing apical blebs presented with sudden onset of shortness ofbreath and left-sided *pleuritic chestpain. Pneumothorax is suspected. Which of the following physical examination finding on left side of chest will confirm the diagnosis of pneumothorax?

a Decrease chest movements
b Hyper-resonant percussion note
c Localized wheeze
d Localized crepitations

Ans: B

24. A 26-year-old university student is taking ATT (Antituberculos Therapy) notices discoloration of her contact lens.What is cause of this discoloration?

a Isoniazid
b Pyrazinamide
c. Rifampicin
d Ethambutol

Ans: c

25. A 30-year-old pregnant lady presented with sudden onset of shortness of breath, left sided chest pain and hemoptysis. On further inquiry she told that she observed swelling in her right calf muscles that is extending up to thigh for last few days. She denies any previous episode of shortness of breath, chest pain, orthopnea, paroxysmal nocturnal dyspnea& sweating. What is the most likely diagnosis?

a. Pneumothorax
b. Aortic dissection
c. Pulmonary embolism
d. Myocardial infarction

Ans: c

26. A 45-year-obese smoker presented with long standing cough with expectoration. He has cough for last two consecutive years. Cough persists for whole winter season. He is cyanosed.He is suffering from which of the following medical condition?

a. Bronchialasthma
b. Emphysema
c. Chronicbronchitis

d. Chronic Obstructive Pulmonary Disease

Ans: c

27. A 25-year-old male complaining of hematuria &decrease urine output for last 6months. Now he presented with hemoptysis and shortness of breath along with previous symptoms of hematuria and oliguria.On pulmonary exam there bilateral scattered crepitations. Urine detailed exam confirmed presence of dysmorphic RBCs. The most diagnosis for his presentation is?

a. Rapidly progressive glomerulonephritis
b. Goodpasture syndrome
c. Syndrome X
d. C3 glomerulopathy

Ans: B

28. A 50-year-old smoker, diabetic presented with sudden onset of severe central chest pain radiating to the back &profuse sweating for last 30mins. On exam BP = 60/nil, Chest clear to auscultation. ECG is within normal limits. Chest X-ray shows mediastinal widening.Which of the following test will help to diagnose this medical condition

a. Angiography
b. Echocardiography
c. Repeat ECG after 30mins
d. CT Pulmonary angiogram (CTPA)

Ans: B

29. A 20-year-old boy met a road traffic accident and presented in emergency room with complaints of left sided chest pain and shortness of breath. On examination, he is in respiratory distress. Hyper-resonant percussion note on left hemithorax with absent breath sounds on auscultation, his JVP is flat, BP: 70/40mmHg, Pulse 130/min, Respiratory rate: 40/min, SpO2: 80%. What is the most likely diagnosis?

a. Hemothorax
b. Pneumothorax
c. Pericardial Effusion
d. Rib fracture

Ans: B

30. A 40-year-male landed in emergency room with profuse sweating & shock. He is unconscious. His Blood pressure is 60/Nil, his pulse is 140/min. Which of the following you would like to do as 1st initial step towards his management?

a. Maintain iv line and rush normal saline
b. Maintain iv line and give inotropes
c. Get electrocardiography
d. Pass Nasogastric tube for feeding

Ans: c

Q31. A 65 years old male presents with severe chest pain and shortness of breath with sweating and systolic blood pressure 50mmHg. HR:110/min. distended neck veins chest auscultation shows normal breath sounds with a sounds, CVS: S1+S2+o, ECG: ST elevation in leads 11,111, AVF, V1, the most likely diagnosis is

a.Acute inferior MI with ventricular septal rupture
b.Acute inferior MI with complete heart block
c.Acute inferior MI with acute mitral regurgitation
d.Acute inferior MI With Right ventricular infraction

Ans: d

Q32. A 60 years old male, known Diabetic and Hypertensive presents to ER with c/o chest pain for 5 days and dyspnea at rest since morning, B.P:70/40mmHH/R: 110/min, chest auscultation: bilateral crackles up to mid zones, CVS S1+S2 normal a pan systolic murmur 3/6 at left sterna edge radiating across the chest, ECGQS with ST elevation in V1-V6, I, VL. The most likely cause of his murmur is.

a.Acute severe mitral regurgitation
b.Ischemic ventricular septal rupture
c. Acute aortic regurgitations
d. Ventricular aneurysm with rupture

Ans: a

Q33. A 76 years old male, Diabetic, Hypertensive presented with c/o palpitations on and off. He has history of ischemic CVA 2 years ago 24 hour Holter monitoring showed an episode of atrial fibrillation. Now he is in sinus rhythm with heart rate of 90/min, As per CHADSVASC score what will be the treatment of choice?

a.Aspirin + Beta blocker therapy
b. Beta-blocker therapy only
c. Aspirin
d.Beta blocker therapy + Warfarin.

Ans: c

Q34. A 50 year old physician arrives at his office in the morning and is seized with crushing substernal chest pain accompanied by diaphoresis. A sublingual nitroglycerin tablet does not relieve his symptoms so he asks his nurse to drive him to the ER. She pulls into the ER ramp entrance when her boss suddenly gasps and arrests. He is dead on arrival. The most likely cause of his death is:

a.Cardiogenic shock
b.Ventricular arrhythmia
c. Myocardial rupture
d. Papillary muscle rupture

Ans: B

Q.35 A 30 year old IV drug abuser develops acute aortic regurgitation from endocarditis. Which of the following is least likely to be found?

a.Hypotension
b. Decrescendo diastolic murmur
c. Peripheral vasodilatation
d.Decreased cardiac output

Ans: c

Q.36 A 45yearold runner develops chest pain and collapses while loading. He arrives in the ER within an hour. He is awake BP and is given a sublingual nitroglycerin tablet which reduces his discomfort. His rhythm is sinus at 90 bpm 120/85mm Hg. An ECG shows 3 mm of ST segment depression in leads II III. AVF, V 5 and V6. The best next step

a. Admission with initiation of ASC protocol
b. Thrombolysis and heparin therapy
c. Cardiac catheterization and PCI
d. An exercise stress test to rule out ischemia as the cause of transluminal coronary angioplasty his symptoms.

Ans: c

Q37. Which of the following best describes the most common Pathophysiologic mechanism present during SI elevation myocardial infarction?

a. Coronary plaque erosion
b. Coronary plaque rupture
c. Coronary plaque progression causing
d. Coronary vasospasm progressive stenosis

Ans: B

Q.38 A 50 year old man on maintenance hemodialysis for chronic kidney disease develops sudden shortness of breath and is hypotensive with/nonpulsatile VP and pulsusparadoxus. What is the investigation of choice for an urgent diagnosis?

a. X-ray chest
b. ECG
c. Echocardiogram
d. Arterial blood gases

Ans: a

Q.39 A 35 year old man presented with severe retrosternal chest pain. He has history of frequent cocaine use. His blood pressure in 200/110 mmHg and his ECG shows anterior wall myocardial infarction with ST elevation in leads V1 to V4 He has been given Aspirin by the ambulance crew. What is the likely cause of the presentation?

a. Atherosclerosis
b. Vasculitis
c. Coronary vasospasm
d. Cardiac arrhythmia

Ans: c

Q.40 A 53 years old man reports in emergency with 2 hours history of central chest pain radiating to Jaw. His cardiac enzymes are raised. His ECG most likely will show

a. Depression of PR segment
b. Concave elevation of ST segment
c. Convex elevation of ST segment
d. Prominent P wave

Ans: c

Q41. A 50 yrs old man on regular treatment of cardiac failure develops nausea, vomiting, disturbed vision. On examination, he has big-minis pulse. Which of the following is the most likely cause of his symptom.

a. Diuretics overdose
b. Digoxin toxicity
c. Food poisoning
d. Congestive hepatomegaly

Ans: B

Q42. A 75 year old man has become progressively more breathless. Un examination he has a displaced cardiac apex and third heart sound. Chest XR Confirms cardiomegaly. An echocardiogram shows Left ventricle size of 6.5 cm (<6cm and IV election fraction of 25%. He is on Frusemide, Perindopril and Spironolactone. Which of the following drugs should be added to his current therapy?

a. Diltiazem
b. Atorvastatin
c. Ezetemide
d. Bisoprolol

Ans: d

Q43. A 70-year-old woman has lung carcinoma and recently underwent chemotherapy. She presented with shortness of breath and pleuritic chest pain. Which one of the following signs suggests a significant pericardial effusion?

a. Systolic murmur
b. No Pericardial rub
c. Rapid y descent of JVP
d. Pulses paradoxus

Ans: d

Q.44 A 50 year old man had a ventricular fibrillation cardiac arrest whilst at a railway station. He was successfully resuscitation by a passerby. Coronary angiography showed no stenosis lesions in the coronary arteries. Which is the next management step?

a. Lifelong amiodarone
b. Implantable cardiac defibrillator
c. Procainamide
d. Permanent pacemaker

Ans: B

Q.45 A 50 year old man presents with severe crushing chest pains. His ECG showed dominant R waves in V2-V3 leads. The T waves were also tall. Which artery is most likely to be occluded?

a. Right coronary artery
b. Septal branch of left anterior descending artery
c. Circumflex artery
d. Posterior descending artery

Ans: c

Q46. A 47-year-old man presents with palpitations, which he has had for 3 months. He feels his 'heart race' regularly. On examination his pulse is 110 / min, irregularly irregular and respiratory examination is unremarkable. An ECG confirms atrial fibrillation. What is the most appropriate next step in management?

a. Digoxin
b. Amiodarone,
c. Metoprolol
d. Flecainide

Ans: c

Q47. A 35 year old lady presents with palpitations. She has no significant past medical history and does not take regular medications. Her BP was 120 / 70 mmHg and she had a heart rate of 180 bpm. An ECG confirms a narrow complex tachycardia. She was given 6 mg of adenosine with no clinical effect to the heart rate. What should be administered next?

a. DC cardio version
b. Intravenous amiodarone
c. Adenosine 12 mg
d. Bisoprolol 5 mg

Ans: B

Q.48 A 55 year old patient had myocardial infarction 6 days ago. He suddenly develops dyspnoea, cough and frothy sputum. For the first time, a harsh systolic murmur is heard over the praecordium. This sequence of events might be caused by

a. Pulmonary embolism
b. Aortic dissection
c. Tricuspid regurgitation
d. Ruptured papillary muscle

Ans: d

Q49. 33y old woman presents for evaluation of a chronic cough, productive of very thick, yellow sputum that becomes blood-tinged. A CT scan was performed and it revealed that she had bronchiectasis. A recent unit for sputum culture showed the presence of pseudomonas, although sensitivities are not known. What antibiotic should be commenced?

a. Tazobactam
b. Clarithromycin
c. Cephradine
d. Ciprofloxacin

Ans: a

Q50. A 40 year old lady is brought to the hospital with three days history of high grade fever and severe myalgias. She has a sore throat and dry cough also but does not have any rash. She denies any shortness of breath. Two of her children had a similar illness in the past week but are feeling better now. Blood CP shows TLC of 4,000 with a relative lymphopenia. Which organism is most likely to be responsible?

a. Mycoplasma
b. SARS COV2
c. Varicella
d. Mycobacterium tuberculosis

Ans: B

Q.51 A 34-year-old man presents with a dry cough land shortness of breath. He has typically experienced these dry cough episodes vice a week. He has worked as a spray paint worked in a car factory for 5 years. He does not smoke nor drink any alcohol. On examination, the patient was febrile (39°C), and a clinical lung examination showed diffuse crackles. A chest radiograph showed interstitial infiltrates and bilateral hilar adenopathy. Pulmonary function tests were performed.

The results were (predicted percentages):
Forced vital capacity (FVC) 1.8 L (60%)
Forced expiratory volume (FEV1)1.7 L (70%)
FEV/FVC ratio - 90%
Forced expiratory time (FET) 9.2 sec
Residual volume (RV) 0.8 L (40%)
Total lung capacity (TLC) 2.7 L (50%)
Diffusing capacity (DLCO) Hg 8.7 mL/min/mm Hg (38%)
What is the likely diagnosis?

a. Chronic obstructive pulmonary disease
b. Bronchiolitis obliterans organizing pneumonia
c. Sarcoidosis
d. Extrinsic allergic alveolitis

Ans: c

Q.52 A 71 year old man presents with shortness of breath on exertion. He has a history of working in a dockyard. He has smoked 15 cigarettes a day for the past 20 years. He had lost more than 7 kain weight over the past two months On examination, tar stained fingers and grade 3 finger clubbing are noted. Auscultation and percussion of the chest are suggestive of right sided pleural effusion. A chest X ray confirms that he has a right sided pleural effusion and also pleural plaques. What is the best way of confirming the diagnosis?

a. MRI scan of the chest
b. Closed lung biopsy
c. Bronchoscopy
d. Video assisted thoracoscopy (VATS) biopsy

Ans: d

Q.53 A 67 years old, known patient of COPD has presented with dyspnea. His Saturations are 84 percent at Room Air. If you have to give oxygen at a rate of 2 liters per minute to a patient, which of the following will you use?

a. Partial retreater mask
b. Nasal cannula
c. Simple face mask
d. Non rebreather mask.

Ans: B

Q.54 An 18 years old Asthmatic patient presented with sudden shortness of breath. You have given bronchodilators and high flow oxygen. Out of the following, which type of oxygen delivery system can provide the highest concentration of oxygen to the patient?

a. Partial rebreather mask
b. Nasal cannula
c. Simple face mask.
d. Non-rebreather mask

Ans: d

Q.55 A thin, 55 year old patient with 30 pack years of smoking presents with a history of dyspnea without cough. On exam, you find diminished breath sounds throughout. The chest radiograph reveals hyperinflation of the lungs with flattened diaphragms. These features are consistent with which of the following?

a. Chronic bronchitis
b. Asthma
c. Emphysema
d. Interstitial lung disease

Ans: c

Q.56 A 71 year old man who is a heavy smoker has been brought into hospital, with a history of cough and breathlessness. He has a history of COPD which has been managed with home nebulizers but not oxygen. He was given 60% oxygen by the ambulance crew. He appears confused when he was brought into hospital, GCS is 14/15 An arterial blood gas shows

pH - 7.21 (7.36-7.44)
pO2 - 18 (11.0-13.5) kPa
pCO2 - 10 (4.6-6.0) kPa

What should be the next step in the management?

a. Give 24% oxygen
b. Continue 60% oxygen
c. Non invasive ventilation
d. Intubation and ventilation

Ans: c

Q.57 An 18 year old girl is brought to the emergency with severe difficulty in breathing. She has had a history of asthma with two previous ITC admissions. Her peak flow is currently 100. She is unable to say more than a few words. She was given nebulizer salbutamol and iv hydrocortisone 200mg but did not improve. Which treatment should she now have?

a. Further IV hydrocortisone 200 mg
b. IV magnesium sulphate
c. Intubation and ventilation
d. Ipratropium nebs

Ans: B

Q.58 A 40 year old lady was admitted to hospital with fevers an cough productive of sputum. Chest X-ray shows diffuse patchy consolidation around the left lung. She has had a flu like illness 4 weeks ago, and has a past medical history of asthma. She also smokes. Which organism is likely to be responsible?

a. Mycoplasma
b. Pseudomonas
c. Klebsiella –
d. Staphylococcus

Ans: B

Q.59 A 21-year-old man without any significant past history presented to his physician with swelling of his hands and feet, progressive dyspnoea and weight gain in excess of 10 kg in the weeks prior to admission. He also noted decreased Frequency and quantity of urine during this period, On examination, he had a blood pressure of 180/80 mmHg, heart rate of 90 and respiratory rate of 16/min. There were no skin lesions or lymphadenopathy, and all pulses were palpable. There was 2+ pitting pedal in the upper and lower limbs. Urine dipstick showed proteinuria 4+. Blood tests results are as below:

sodium 135 mmol/l
potassium 4.5 mmol/l
urea 5 mmol/l
creatinine 100 umol/l
ALT 32 (5-35) U/l
AST 25 (1-31) U/l
ALP 86 (20-120) U/L
Alburnin 22 (37-49) g/l
Total cholesterol 12 (<5)mmol/L

The patient has been commenced on prednisolone but remains hypertensive. What should be commenced?

a. Rituximab
b. Azathioprine
c. Simvastatin
d. Ramipril

Ans: d

Q60. A 50 year old man who presents with dizziness has broad complexes on the ECG. His blood gas reveals that his potassium is 6.8mmol/l. Which of the following is the best medical therapy?

a. Rectal calcium resonium
b. Iv calcium gluconate 10% over 10mins
c. Iv dextrose (50% 50mls) insulin 15 units
d. Nebulised salbutamol

Ans: B

Effect	Agent	Dose	Onset	Duration
Membrane Stabilization	Calcium Gluconate (10%)	10mL IV over 10 min	Immediate	30 – 60 minutes
	Hypertonic (3%) Normal Saline	50mL IV push	Immediate	Unknown
Shifters	Insulin (Short Acting)	10 units IV push with 25 – 40 g dextrose (50% solution)	20 minute	4 – 6 hours
	Albuterol	10 – 20 mg in 4 mL of Normal Saline nebulized over 10 minutes	30 minute	2 hours
Excreters	Furosemide	40 – 80 mg IV x1	15 minute	2 -3 hours
	Sodium Bicarbonate	150mmol/L IV at variable rate	Hours	Duration of Infusion
	Sodium Polystyrene Sulfonate	15 – 30 g in 15 – 30 mL (70% sorbitol orally)	> 2 hours	4 – 6 hours
Definitive	Hemodialysis	-----	Immediate	3 hours

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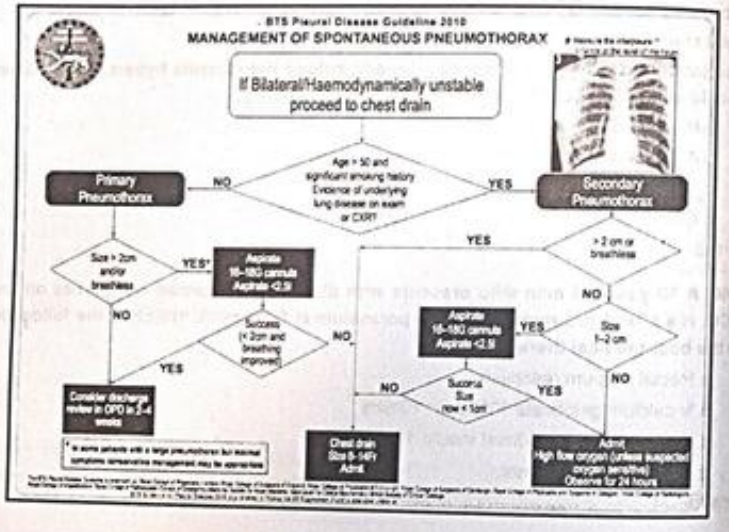
Q.61 A 60-year-old man with chronic obstructive pulmonary disease (COPD) presents with sudden onset shortness of breath to the emergency department. He has a respiratory rate of 24 breaths per minute. His saturations are 92% on room air. A 4cm right-sided pneumothorax is diagnosed on a plain chest X-ray. The most appropriate course of action is

a. Simple needle aspiration of the pneumothorax with a 16G or 18G cannula
b. Insertion of an intercostal chest drain on the right side.
c. High-flow oxygen therapy and close observation in a monitored area
d. Emergency needle decompression on the right side

Ans: B



62. A 55-year-old lady comes to the diabetes clinic with the complex is a known case of Type 2 Diabetes which she was not taking any regular medications, has a past medic history of recurrent episodes of thrush, Rheumatoid art thritis, hypercholesterolemia, Heart Failure and Obstructive sleep apnea. Her body mass index is 32. Which medical condition is the strongest indicator to stay start an SGLT2 inhibitor class of drugs?

a. OSA
b. Type 2 Diabetes
c. Rheumatoid arthritis
d. Heart failure
e. Obesity

Ans: d

63. A 23-year-old man presents with recurrent attacks of collapse. These episodes typicallyoccur without waming and have occurred whilst he is playing cricket. He has history ofyoung death in the family. On examination he has an ejection systolic murmur. Bloodpressure is 106/70 mmHg and pulse is 7B/min. What is the most likely cause?

a. Aortic stenosis
b. Epilepsy with innocent murmur
c. coarctation of the aorta
d. Hypertrophic obstructive cardiomyopathy

Ans: d

64. What is the compression to ventilation ratio while resuscitating an adult patient?

a. 15:1
b. 20:2
c. 30:1
d. 30:2

Ans: d

65. Which of the following anti-hypertensive drug should be avoided in pregnancy?

a. Captopril
b. hydralazine
c. Labetalol
d. Methyldopa

Ans: a

66. A patient presents to the emergency department with severe chest pain, what is theindication for thrombolysis?

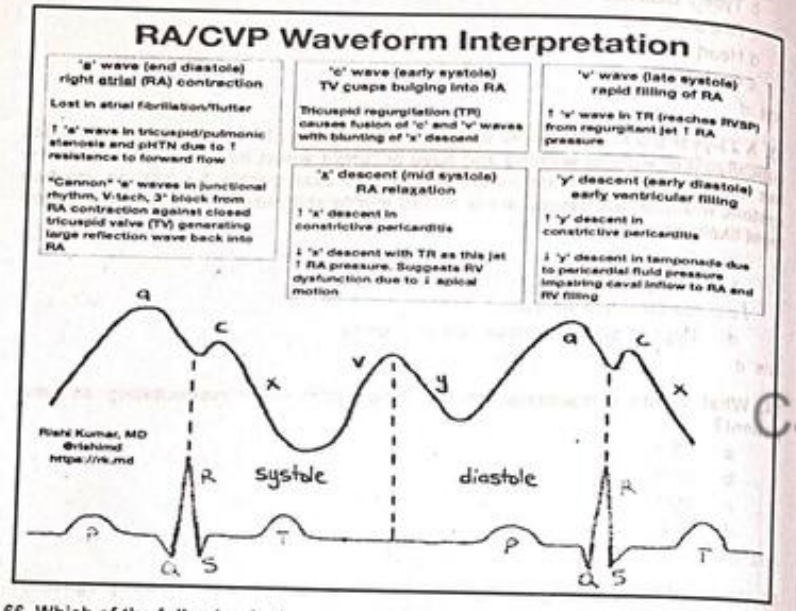
a. 1 mm ST depression in 1 chest lead
b. 1 mm ST depression in 2 imb leads
c. 1 mm ST elevation in 2 or more limb leads
d. Q waves in any two leads

Ans: c

67. A 56-year-old man has known Tricuspid regurgitation, which part of the jp wave formis likely to be most prominent?

a. a wave
b. c wave
c. V wave
d. x descent

Ans: c


RA/CVP Waveform Interpretation
'a' wave (end diastole) right atrial (RA) contraction
Lost in atrial fibrillation/flutter
↑ 'a' wave in tricuspid/pulmonic stenosis and pHTN due to ↑ resistance to forward flow
"Cannon" 'a' waves in junctional rhythm, V-tach, 3° block from RA contraction against closed tricuspid valve (TV) generating large reflection wave back into RA
'c' wave (early systole) TV cusps bulging into RA
Tricuspid regurgitation (TR) causes fusion of 'c' and 'v' waves with blunting of 'x' descent
'v' wave (late systole) rapid filling of RA
↑ 'v' wave in TR (reaches RVSP) from regurgitant jet ↑ RA pressure
'x' descent (mid systole) RA relaxation
↑ 'x' descent in constrictive pericarditis
↓ 'x' descent with TR as this jet ↑ RA pressure. Suggests RV dysfunction due to ↓ apical motion
'y' descent (early diastole) early ventricular filling
↑ 'y' descent in constrictive pericarditis
↓ 'y' descent in tamponade due to pericardial fluid pressure impairing caval inflow to RA and RV filling
Rishi Kumar, MD
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a
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systole
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66. Which of the following is the cause of opening snap?

a. Rapid ventricular filling in diastole
b. Atrial contraction during diastole
c. Opening of mitral valve
d. Closing of mitral valve

Ans: c

67. A young man who is hypertensive due to coarctation of aorta.Which one of the following radiological finding is most likely to be seen in this patient

a. apical fibrosis
b. notching of ribs
c. widening of mediastinum
d. pleural effusion on left side

Ans: B

68. A 15 year old bod presented with history of weight loss generalized weakness low grade fever for past 1 month associated with palpitations. Auscultation of precordium revealed a pansystolic murmur loudest at apex and radiating to axilla. What is the most appropriate next investigation to confirm the valvular lesion or to rule out Infective endocarditis?

a) Transthoracic echocardiogram
b) Transoesophageal echocardiogram
c) Chest X-ray
d) Cardiac MRI

Ans: a

Systolic murmurs	Diastolic murmurs
Midsystolic Aortic stenosis Pulmonic stenosis Atrial septal defect HOCM	Early diastolic Aortic regurgitation Pulmonic regurgitation Austin-Flint
Holosystolic Mitral regurgitation Tricuspid regurgitation VSD	Mid late diastolic Mitral stenosis Tricuspid stenosis
Late systolic murmur Mitral valve prolapse	Other rare murmurs Patent ductus arteriosus

69. A 30-year-old girl is being started on Anti-tuberculous treatment (ATT) for pulmonary tuberculosis.
What is the minimum duration of ATT in this patient?

a) 3 months
b) 4 months
c) 6 months
d) 12 months

Ans: c

Treatment time	Initial phase regimens	Continuation phase regimens
6 months	2 months of isoniazid, rifamycine, pyrazinamide, ethambutol or streptomycin	4 months of isoniazid and rifamycine
9 months	2 months of isoniazid, rifamycine, pyrazinamide, ethambutol or streptomycin	7 months of isoniazid and rifamycine

70. Which of the following is recognized cause of restrictive spirometry?

a) Bronchiectasis
b) COPD
c) Asthma

d) Obesity

Ans: d

70. A 64-year-old woman is admitted with community acquired pneumonia. Whichof the following features on admission would indicate a poor prognosis?

a) WBC 18x109/L
b) BP 110/70 mmHg
C. Respiratory Rate 35/min
D. Pyrexia of 101

Ans: c

CURB-65	Clinical Feature	Points
C	Confusion	1
U	Urea > 7 mmol/L	1
R	RR ≥ 30	1
B	SBP ≤ 90 mm Hg OR DBP ≤ 60 mm Hg	1
65	Age > 65	1

CURB-65 Score	Risk group	30-day mortality	Management
0-1	1	1.5%	Low risk, consider home treatment
2	2	9.2%	Probably admission vs close outpatient management
3-5	3	22%	Admission, manage as severe

71. A 55-year-old woman with breast cancer attends emergency department with ahistory of sudden onset of chest pain and breathlessness since arriving at KarachiAirport earlier in the day after 24 hours of travel from Australia. Here right calf isswollen and tender to palpation.

Which of the following investigations would be most appropriate in diagnosis of pulmonary embolism?

a) Echocardiography
b) Serum D-Dimer
c) CT Pulmonary angiogram
d) ECG

Ans: c

72. In a case of bronchial Asthma who is admitted in the ward, peak flow is beingmonitore d. At which time of the day, it is likely to be the lowest

a. Morning
b. Noon
c Evening
d. Midnight

Ans: a

73. A-25 year old female has low grade fever for three months. On examination, chestexpansion is reduced on the left side with dull percussion note and decreased vocalresonance on the same side. The trachea is deviated to the right. What is the most likelydiagnosis?

a. Collapse with patent bronchus on right side
b. Collapse with obstructed bronchus on right side
c. Pneumothorax on left side
d. Pleural effusion on left side

Ans: d

74. A patient of pulmonary tuberculosis is on treatment for last two months. He has just reported with complaint of dimness of vision. Which of the following drugs is most likelyto be responsible?

a. Rifampicin
b Prazinamide
c Isoniazid
d. Ethambutol

Ans: d

75. A 30 years old woman has presentedwith fever and cough. Her X-ray chest shows bilateralhilar lymphadenopathy. Which of the following biopsy report would favor a diagnosis ofSarcoidosis

a. Non caseating granuloma
b. Caseating granuloma
c. Increased basophils
d increased mast cells

Ans: B

76. A 45 years old woman presented with shortness of breath forlast 2 years. On examinationshe had central cyanosis, clubbing and bilateral fine inspiratory crackles at lung bases.What is most likely diagnosis?

a. Chronic bronchitis
b. Idiopathic pulmonary fibrosis
c. Left ventricular failure
d. Eisenmenger syndrome

Ans: B

77. A 58 years old female, bed ridden for the last two months because of fracture right femur suddenly developedbreathlessness. On examination she is apprehensive with tachycardia. Blood pressure is 95/60. What is themost likely diagnosis?

a. Pneumonia
b. Acute left ventricular failure
c. Pulmonary embolism
d. Acute coronary syndrome

Ans: c

78. A patient has pneumonia and massive effusion following an episode of URTI Gram staining of the fluidshows gram positive diplococci. What is the urgent management?

c. IV Antibiotics
a. Assisted Ventilation
d. Oxygen Inhalation
b. Chest intubation

Ans: d

Light's criteria for pleural effusions		
	Transudate	**Exudate**
Protein (pleural/serum)	≤0.5	>0.5
LDH (pleural/serum)	≤0.6	>0.6
	Pleural LDH ≤ two-thirds upper limit of normal serum LDH	Pleural LDH > two-thirds upper limit of normal serum LDH
Common causes	• Hypoalbumenemia (cirrhosis, nephrotic syndrome) • Congestive heart failure • Constrictive pericarditis	• Autoimmune disease • Esophageal rupture • Infection (parapneumonic, TB, fungal, empyema) • Malignancy • Pancreatitis • Post-CABG • PE

79. A 65 years old male, a known case of IHD with EF 25%, presents with sudden episode of palpiation anddizziness. His pulse is 170/min regular but weak. BP is 80 mmHg by palpation. ECG shows broad complextachycardia

What is the most appropriate management step?

a. Defibrillation
b. Start CPR
c. Ionotropic support
d. Synchronized Cardioversion

Ans: d

80. A 68 years old male, retired executive of a bank, known case of hypertension and diabetes mellitus haspresented to the OPD with feeling of episodic palpitation. On examination his pulse is 104/min *irregularlyirregular*, BP 140/85 minHg. Systemic examination is unremarkable. Lab data shows normal renal function. Which of the following drugs is likely to reduce the risk of ischemic stroke in this patient?

a. Amiodarone
c. Clopidogrel
b. Aspirin
d. Warfarin

Ans: d

Table 2 CHA_2DS_2-VASc Score[15,16]		
C	Congestive Heart Failure	1 point
H	Hypertension	1 point
A_2	Age ≥ 75 y	*2 points
D	Diabetes	1 point
S_2	Stroke	2 points
V	Vascular disease	1 point
A	Age ≥ 65 y	1 point
Sc	Sex category, female	1 point

Maximum total score = 9 points.

ESC 2010 Anticoagulation Recommendations: Score = 0 no therapy or aspirin (no therapy preferred). Score = 1 aspirin or oral anticoagulation (oral anticoagulation preferred). Score ≥ 2 oral anticoagulation.

81. When a patient of hypertension with proteinuria develops severe cough due to ACE inhibitors, what wouldbe the best alternative to provide renal protection

a. Hydrochlorothiazide
b. Methyldopa
c. Losartan
d. Propranalol

Ans: c

82. 65 years old male presents with generalized weakness and dizziness. On examination he has conjuctivalpallor. On investigation hemoglobin is 8.6 gmdl with MCV 112. Peripheral film examination revealsmacrocytosis

What is the most probable cause of anemia?

a. Hereditary spherocytosis
b. Iron deficiency anemia
c. Sickle cell anemia
d. Vit. B 12 & folate deficiency

Ans: d

83. A 55-year old female is brought to emergency department with retrosternal chestpain radiating to left arm and to jaw. According to patient, the pain started 1 hourago when she was walking in a park. The patient is known diabetic for past 5 yearson insulin. Her BP is 120/80 mmHg, pulse is 80 bpm, temperature 37°C, chestisclear and heart sounds are normal. She is sweating profusely.

What is the first test you would do?

a) ECG

b) Troponin
c) Chest X-ray
d) D-Dimer

Ans: a

84. A 30-year-old woman presented with breathlessness and swelling of her left arm.She uses oral contraceptive pill and has recently travelled from New York toKarachi. Her vitals are BP 100/80 mmHg, Pulse 120 bpm, temperature 37°C,respiratory rate 32 breaths/min. Auscultation of heart and lungs is normal. ChestX-ray is normal.
What is the most important next treatment?

a) IV aminophylline
b) IV amoxicillin
c) Nebulized salbutamol
d) Low molecular weight heparin

Ans: d

85. A patient is started on Anti Tuberculous treatment for pulmonary tuberculosis. Which offollowing drug causes hyperuricemia?

a. Rifampicin
b. Pyrazinamide
c. Ethambutol
d. Isoniazid

Ans: B

85. A diabetic patient presented to emergency center with severe chest pain for last 2 hours.What is the most important first baseline investigation?

a. Cardiac Trop
b. ECG
c. Blood sugar
d. Echocardiography

Ans: B

86. The most common cause of cerebrovascular accident is

a. Embolism
b. Arterial thrombosis
c. Venous thrombosis
d. Hemorrhage

Ans: B

87. A 23 years old patient come to you and is worried about his health as his brothersuddenly died at age of 30 years. What is the most common cause of sudden death inyoung age?

a. Hypertrophic cardiomyopathy
b. Dilated cardiomyopathy
c. Restrictive cardiomyopathy
d. Brugada syndrome

Ans: a

88. Bilateral loss of ankle jerk and extensor plantar response is seen in:

a. Amyotrophic lateral sclerosis
b. Freidrich's ataxia
c. Tabes dorsalis
d. Lead poisoning

Ans: B

89. A 60 years old male has hemoptysis, coplous production of foul smelling sputum andclubbing. CXR showed tram track appearance. The most likely diagnosis is

a. Pulmonary TB
b. Bronchiectasis
c. COPD
d. Asthma

Ans: B

90. A 12-year-old boy presents to the outpatient department with history of progressivelyincreasing difficulty in walking and frequent falls. Physical examination reveals an ataxicgait and nystagmus. All deep tendon reflexes were observed to be absent while theplantar response was 'Extensor'.

a) Friedreich's Ataxia
b. Subacute Combined Degeneration ofCord (SACD)
C. Becker's Muscular Dystrophy
d. Tabes Dorsalis

Ans: a

91. A 60 years old man is on treatment for his atrial fibrillation, COPD and BPH. He startedhaving shortness of breath. Which of the following drug can cause lung fibrosis

a. Amoxicillin
b. Prednisolone
c. Amiodarone
d. Paracetamol

Ans: c

92. A 63-year-old man presents to a non-pci facility with anterior STEMI With ST elevationfrom V2 to VS. He is short of breath with bilateral rales. Chest pain started 4 hours earlier. He had a TIA 6 weeks earlier and is on dopidogrel and statin. Estimated transport time to nearest catheterization laboratory is 75 min. After giving oz,nitroglycerin, Aspirin, and heparin, what is the best next strategy?

a. Immediate transfer to the primary PCI facility
b. Give half-dose thrombolytic and then transfer
c. Patient is too high risk to transfer; give full-dose thrombolytic
d. None of the above

Ans: a

93. A 25-year-old man, previously in good health, while playing tennis, he suddenly feltsevere pain in left side of chest and collapsed on the spot. He has no previous history ofany major health problem and is a non-smoker. He is found dyspneic and

cyanosed inemergency but vital signs are normal except a bp of 80/40mmHg. What is the most likely diagnosis?

a. Pulmonary embolism
b. Tension pneumothorax
c. Myocardial infarction
d. Dissection of aorta

Ans: B

94. 28-year-old woman presents with an acute pulmonary embolism in the ninth week ofpregnancy. No obvious factors contributed to the risk of pulmonary embolus. What isthe most appropriate treatment for this patient throughout her pregnancy?

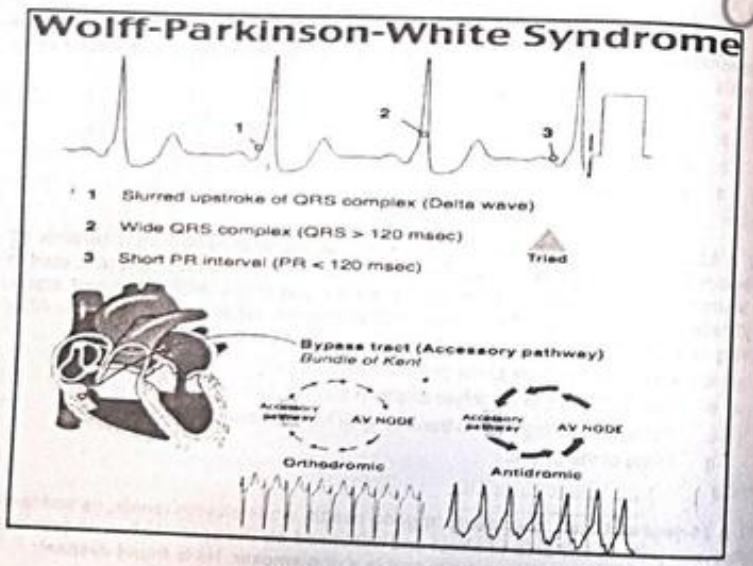
a. Intravenous unfractionated heparin
b. Subcutaneous low molecular weight heparin
c. Subcutaneous unfractionated heparin
d. Warfarin

Ans: B

95. In a patient who has repeated history of supra-ventricular tachycardia, which of thefollowing ECG finding is suggestive of Wolf-Parkinson White syndrome?

a. Delta wave
b. Prolonged PR interval
c. Prolonged or interval
d. ST Segment elevation

Ans: a



96. Which of the following is an indication for cardiac surgery in infective endocarditis?

a. Abscess formation
b. Vegetation < 5mm
c. Infection with viridians streptococcus
d. Patients allergic to penicillin

Ans: a

97. 52-year-old man with chronic obstructive pulmonary disease is assessed for long-termoxygen therapy (LTOT). He is found to be suitable for LTOT. How many hours per daywould you advise her to use the oxygen therapy?

a. 5 hours
b. 10 hours
c. 15 hours
d. 20 Hours

Ans: c

98. A 50 year old man has complaint of productive cough for 2 consecutive years without anyhistory of dyspnea, dough is productive with minimal amount of mucoid sputum,usuallywhite in colour. Which of the following is most likely diagnosis?

a. Chronic bronchitis
b. Bronchiectasis
c. Bronchial asthma
d. Emphysema

Ans: a

99. Which of the following parameter increases the risk of death in patients with severe pneumonia?

a. Age 49 years
b. Atrial fibrillation
c. urea > 10 mmol/l
d. WBC count > 12

Ans: c

CURB-65	Clinical Feature	Points
C	Confusion	1
U	Urea > 7 mmol/L	1
R	RR ≥ 30	1
B	SBP ≤ 90 mm Hg OR DBP ≤ 60 mm Hg	1
65	Age > 65	1

CURB-65 Score	Risk Group	30-day mortality	Management
0-1	1	1.5%	Low risk, consider home treatment
2	2	9.2%	Probably admission vs close outpatient management
3-5	3	22%	Admission, manage as severe

100. Which of the following condition causes clubbing?

a. Asthma
b. Bronchiactasis
c. Emphysema
d. pneumothorax

Ans: B

System	Potential Causes
Respiratory	Lung fibrosis Suppurative lung disease: Bronchiectasis Lung abscess Empyema Pulmonary tuberculosis Lung cancer (rarely small cell) Mesothelioma Pulmonary arteriovenous malformation Thymoma
Cardiovascular	Subacute bacterial endocarditis Left atrial myxoma Cyanotic congenital heart disease Thoracic aortic aneurysm
Gastrointestinal	Malabsorption, celiac disease Inflammatory bowel disease: Crohn's disease and ulcerative colitis Hepatic cirrhosis, especially primary biliary cirrhosis Esophageal cancer
Other	Thyroid acropachy (mimics clubbing in patients with Graves' disease) Genetic Trauma (may be unilateral or spare some nails) Thalassemia

101. A 50 years old man is admitted in emergency with acute myocardial infarction. Which ofthe following drug is used as acute reperfusion therapy

a. Aspirin
b. Heparin
c. Warfarin
d. Streptokinase

Ans: d

102. A 26 yrs old male presented in medicaloutdoor with 3 months the history of low gradefever, weight loss and right sided dull chestpain. His physical examination revealed rightsided pleural effusion. What lab analysis offluid is consistent with diagnosis oftuberculosis?

a) A cell count of 600/ml mostlylymphocytes
b) A pleural fluid protein to serum proteinratio of <0.5
c) Clear, colorless pleural fluid
d) Raised amylase on pleural fluidexamination

Ans: a

8. INFECTIOUS DISEASE AND ONCOLOGY:

1. **Most common cause of Fever of Unknown Origin?**
   a. Thyrotoxicosis
   b. Tuberculosis
   c. Occult malignancy
   d. Factitious fever

Ans: B

2. **Young traveller presented to ER (emergency room) with complaints of high grade fever, pain in the abdomen, diarrhea and vomiting. He further added that he is not well for last few days, he actually developed fever 8days back but it was low grade initially and responding well to paracetamol. On examination there are red spots on his trunk, Temp 104°F, Pulse 80beats / min, rest of the vitals are within normal limits. What of the following is Gold standard test to reach a definitive diagnosis?**
   a. Typhidot&widal test
   b. Blood culture
   c. Stool culture
   d. Bone marrow culture

Ans: d

3. **A 33-year-old woman presents with a cellulitis of the dorsum of the right hand 24 hours following a cat bite. A Gram stain of serosanguinous discharge from a puncture site shows neutrophils and gram positive cocci. What is the treatment of choice for this patient?**
   a. Cefazolin
   b. Norfloxacin
   c. Amoxicillin
   d. Gentamiscin

Ans: c

4. **Which is the infective form of the malaria parasite?**
   a. Oocyst
   b. Sporozoite
   c. Bradyzoite
   d. Tachyzoite

Ans: B

5. **A clinical situation in which immune system or a therapy failed to eliminate all the Plasmodium spp infected erythrocytes and numbers of Plasmodium spp in RBCs begin to increase again with subsequent clinical symptoms is called;**
   a. Latency
   b. Re-infection
   c. Relapse
   d. Recrudescence

Ans: d

6. Rose spots on trunk are clinical finding in which of the following conditions?
   a. Q Fever
   b. Dengue fever
   c. Typhoid Fever
   d. Malaria

Ans: c

7. Which of the following CANNOT be transmitted via infectious droplets?
   a. Rubella
   b. Common cold
   c. Influenza
   d. Ebola

Ans: d

8. A university student presents with complaints of cough, low grade fever, anorexia and weight loss for last 3months. She further told that her roommate had similar symptoms for 1month. She is thin lean & her physical exam is within normal limits. Chest xray shows infiltrate in right upper lung zone. Which of the following test will confirm the diagnosis?
   a. Complete blood count
   b. Erythrocyte sedimentation rate
   c. Sputum AFB smear
   d. Sputum for Bacterial Culture & sensitivity

Ans: c

9. Which of the following is Not a part of definition of Fever of Unknown Origin) as per Petersdorf and Beeson criteria:
   a. Cause of fever is usually from four broad categories
   b. Fever higher than 38.3°C on several occasions
   c. Duration of fever for at least three weeks
   d. Uncertain diagnosis after 1 week of testing

Ans: a

10. Which of the following is NOT a carcinogen?
   a. Smoking
   b. Hepatitis A virus
   c. Epstein-barr virus
   d. H.Pylori

Ans: B

11. A 60-year-male, smoker presented with complaints of cough, hemoptysis, and left sided chest pain and weight loss of 20kg within last 6months. He denies any history of fever & dyspnea. On physical exam there is dull percussion note on left lower chest along with absent breath sounds. Which of the following screening test will help in diagnosis?
   a. Chest Xray
   b. ECG
   c. Bronchoscopy
   d. Pleural fluid aspiration

Ans: a

12. A 55-year-old smoker probable case of carcinoma lung underwent lung tissue biopsy. Pathologist reported that histopathology of given specific is inconclusive. Patient is not willing for repeat tissue biopsy. Which of the following test performed on given tissue can be helpful to diagnose type of carcinoma lung?
   a. CT Scan
   b. Tumour markers
   c. MPI
   d. Ultrasound lung

Ans: B

13. Most common cause of Carcinoma lung is:
   a. Radiation exposure
   b. Smoking
   c. Genetics
   d. Viruses

Ans: B

Q14. A young man is brought is brought to the emergency with history suggestive of cholera. Examination reveals cold with a feeble pulse and BP of 80mm systolic. Which of the following is the next step in the management?
   a. Doxycycline
   b. Intravenous ceftriaxon
   c. Intravenous rehydration
   d. Oral rehydration salt in large amount

Ans: c

Q15. A 18 year old student presents with two weeks history of high grade fever and vomiting. He is toxic temp is 102 F and abdominal examination reveals soft splenomegaly. Investigations show Hb 12.8 gm/dl, TCL 2.8 x 10/L, platelets 220x10/L. What is the most likely diagnosis?
   a. Viral Hepatitis
   b. Dengue fever
   c. Enteric fever
   d. Malaria

Ans: c

Q16. A 50 years old man, with no previous co-morbids, presents with swinging fever associated with chills for the past seven days. He also has upper abdominal pain an occasional loose stools. On examination, he is febrile and toxic and has tender hepatomegaly. His Hb is 11 gm/dl and TLC is 14,000. His USG abdomen shows a single hyperechoic lesion in the right lobe of liver (4 x 3cm). What is the most likely diagnosis?
   a. Amoebic liver abscess
   b. Hepatocellular carcinoma
   c. Hydatid Cyst

d. Metastatic liver disease

Ans: a

Q17. A 15 year old boy presents with 10 days. H/O high grade /intermittent fever, sore throat and body aches. He also complains of severe malaise and fatigability. Examination reveals non-tender discrete bilateral cervical lymphadenopathy, congested and inflamed pharynx and a palpable spleen. Blood counts show a TLC of 10,000 with 66% lymphocytes and a few, atypical lymphocytes. What is the most likely diagnosis?

a. Acute pharyngitis
b. Acute follicular tonsillitis
c. Hodgkin's disease
d. Infectious mononucleosis

Ans: d

Q18. A young man reports to the OPD with four weeks history of mid abdominal pain and loose motions which started after a trip to his village. Physical examination is unremarkable. There are no fecal leucocytes of RBCs on stools examination. Which one of the following organisms is the most likely cause of his condition?

a. **Giardia Lamblia**
b. Salmonella
c. Escherichia Coli
d. Campylobacter jejuni

Ans: a

Q19. In a case of Severe Dengue Fever with shock, the most relevant lab test for monitoring of management is:

a. Hb level
b. Platelets level
c. Hematocrit
d. Dengue serology

Ans: c

Q20. Which one of the following is most likely to indicate severe malaria?

a. Parasitaemia 1%
b. Heart rate 102 per minute
c. White blood cells 18.2 x 10^9/l
d. Respiratory rate 30 per minute

Ans: d

Q21. A 32-year-old man presented with a 5-day history of confusion and fever. On examination, he was drowsy, with mild neck stiffness

Investigations:
BSR 5.2 mmol/L
CSF:
Total protein 0.60 g/L (0.15-0.45)
Glucose 3.5 mmol/L (3.3-4.4)

White cell count 20/L (55)
Cytology predominantly lymphocytes
Gram stain negative

His MR scan shows evidence of increased signal in the left temporal lobe, confined predominantly to the grey matter.

a. Acyclovir
b. Cefotaxime
c. Dexamethasone
d. Fluconazole

Ans: a

Q.22 A 60 year old man on hemodialysis presents with low grade fever and cough of two month duration. A couple of days ago he coughed up a few drops of blood also. His X-ray chest shows reticulonodular infiltrates in the left apex. Which of the following investigations is the most appropriate in confirming the causative organism and will aid in formulating a treatment plan?

a. Tb gold test
b. b.Bactec for Mycobacterium Tuberculosis
c. Sputum for AFB
d. Sputum for Gene expert

Ans: a

Q23. A 66 year old man who was undergoing maintenance hemodialysis through a subcutaneous tunneled catheter recented with fever, chills and rigors. On examination, his temperature was 38.6°C, his pulse was 105 beats per Pressure was 100/60 mmHg. Examination of his respiratory and cardiovascular systems was minute and his blood pressure was 100/60 mmHg. Examination of his re normal. What is the most likely cause of his infection?

a. Pseudomonas aeruginosa
b. Staphylococcus epidermidis
c. Streptococcus pneumonia
d. Streptococcus viridians

Ans: B

Q24. A 75year-old man presented with a 2-day history of recurrent never and a cough productive of purulent sputum Investi-gations:
Chest X-ray right lower lobe pneumonia
What additional finding would indicate a poor prognosis?

a. Respiratory rate of 25 breaths per minute
b. Serum sodium concentration of 130 mmol/L (137-144)
c. Serum urea concentration of 9.0 mmol/l
d. Systolic blood pressure of 95 mmHg 7.0)

Ans: c

Q25. A 25-year-old intravenous drug user presented with an injection site abscess. On examination, his temperature was 38.5°C and there was a pansystolic murmur.

Which organism is most likely to be cultured from both the abscess and i the blood?

a. Klebsiella pneumonia
b. Staphylococcus aureus
c. Staphylococcus epidermidis
d. Streptococcus viridians

Ans: c

Q.26 A 20-year-old man presented with a 7-day history of bloody diarrhea, abdominal pain and for his temperature was 38.5°C and the abdomen was tender on palpation.

Investigations

Stool microscopy pus cells and red blood cells

What is the most likely causative organism?

a. Cryptosporidium parvum
b. Rotavirus
c. Shigella
d. Vibrio cholera

Ans: c

Q27. A 28-year-old woman presented with symmetrical pain in her elbows, shoulders and knees, 4 weeks after she started quadruple therapy for pulmonary tuberculosis.

Investigations

Hemoglobin 116 g/L (115-165)

white cell count 6.4 x 109/L (4.0-11.0)

platelet count 184 x 109/L (150-400)

erythrocyte sedimentation rate 24 mm/1st h (<20)

Rheumatoid factor 45 KIU/L <30) antinuclear antibodies 1:40 dilution (negative at 1:20)

What is the most likely cause of her symptoms?

a. Ethambutol arthropathy
b. Isoniazid-induced systemic lupus erythematosus
c. Pyrazinamide arthropathy
d. Rheumatoid arthritis

Ans: c

Q.28 A 36 yr old truck driver, living in UAE, presents with low grade fever and progressively increasing dry cough for the past 2 weeks. He has history of extramarital sex. 8 months ago he had low grade fever with non tender generalized swellings in the neck and axillary which settled spontaneously over 3 weeks. His blood complete picture shows a TLC or RE and AFB is negative. CXR shows occasional non specific pulmonary infiltrates. ABGS show a Pa02 55mmHg and PaCO2 of 38mmHg What is the most likely diagnosis?

a. Acute viral pneumonia
b. Acute neutropenia sepsis leading to ARDS
c. Endo bronchial tuberculosis
d. Pneumocystis Jeroveci pneumonia

Ans: d

Q.29 A 60 years old gentleman presents in ER department with 03 days history of fever. On examination, he looks unwell with a pulse of 110 bpm, BP 100/60-mm and temp of 102° F. Severe sepsis is suspected. Which of the following tests is most specific for diagnosis of sepsis?

a. Blood complete picture
b. Blood cultures
c. Blood gases
d. Blood Lactate levels

Ans: d

Q.30 A 23 years gentleman is admitted to critical care unit for the last three days with severe sepsis of urinary tract origin. He is intubated and ventilated, and is getting renal replacement therapy for his acute on chronic kidney injury. He is hypotensive and did not respond to initial fluid challenge. Which one of the following is the vasopressin of choice to start in this situation?

a. Dobutamine
b. Dopamine
c. Nor-adrenaline
d. Vasopressin

Ans: c

Situational Considerations	Pharmacotherapy
Initial vasopressor of choice for resuscitation	Norepinephrine
Rapidly progressing shock requiring IMMEDIATE therapy	Dopamine
Presence of tachydysrhythmia	Phenylephrine
Healthy myocardium (e.g., young patients)	Epinephrine
Acutely declining renal function	Vasopressin
Myocardial dysfunction (elevated filling pressures and low CO)	Dobutamine
Hypoperfusion despite adequate intravascular volume (e.g., $Scvo_2$ <70% or Svo_2 <65% or lactate clearance <20%)	Dobutamine
MAP <65 mm Hg despite norepinephrine	Vasopressin or epinephrine
Vasopressor refractory shock	Corticosteroid

CO, cardiac output; MAP, mean arterial pressure; $Scvo_2$, central-venous oxygen saturation; Svo_2, mixed venous oxygen saturation.

Commonly Used Pressors

Name	Receptor Affected	Dose	Action
Phenylephrine (Neosynephrine)	Alpha 1	10–200 mcg/min	Pure vasoconstrictor; causes ischemia in extremities
Norepinephrine (Levophed)	A1, B1	2–64 mcg/min	Vasoconstriction, positive inotropy; causes arrhythmias
Dopamine	Dopa	1–2 mcg/kg/min	Splanchnic vasodilation ("renal dose dopamine" even though many doubt such effect exists)
	B1	2–10 mcg/kg/min	Positive inotropy; Causes Arrhythmias
	A1	10–20 mcg/kg/min	Vasoconstriction; Causes Arrhythmias
Dobutamine	B1, B2	1–20 mcg/kg/min	Positive inotropy and chronotropy; Causes Hypotension

31. A young man has presented with continuous fever for last 10 days and diffuse skin rash.The skin rash developed after the patient took ampicillin. On examination, he is febrileand has sore throat with cervical lymphadenopathy. His spleen is palpable below costalmargin; Blood CP shows Hb. 13g/dl, TLC 8,000/ml (Neutrophil 30%, Lymphocytes 50%with few atypical lymphocytes), Platelets 150,000/ml. What is the most likely diagnosisin this case?

a. Viral Hepatitis
b. Infectious mononucleosis
c. Enteric fever
d. Brucellosis

Ans: B

32. A 15 years old boy presents with high grade fever and headache for 5 days. Onexamination he is drowsy but arousable, Temp: 104°F. Kerning sign is positive. Adiagnosis of viral meningitis is made. Which of following is expected finding on CSF analysis?

a. Increase in cell count with lymphocytic predominance
b. decrease in glucose
c. Increase in protein
d. both a and c

Ans:d

Test	Bacterial	Viral	Fungal	Tubercular
Opening pressure	Elevated	Usually normal	Variable	Variable
White blood cell count	≥1,000 per mm³	<100 per mm³	Variable	Variable
Cell differential	Predominance of PMNs*	Predominance of lymphocytes†	Predominance of lymphocytes	Predominance of lymphocytes
Protein	Mild to marked elevation	Normal to elevated	Elevated	Elevated
CSF-to-serum glucose ratio	Normal to marked decrease	Usually normal	Low	Low

CSF = cerebrospinal fluid; PMNs = polymorphonucleocytes.

**—Lymphocytosis present 10 percent of the time.*

†—PMNs may predominate early in the course.

Information from references 2, 10, 17, and 20.

33. Diseases typically acquired from animals include all of the following except:

a. Leptospirosis
b. Q fever
c. Lyme disease
d. Hepatitis A

Ans: d

34. Immunization against tetanus is achieved by which of the following?

a. Anti-toxin
b. Tetanus toxoid
c. Immunoglobulin
d. Penicillin

Ans: B

35. A 25 year old female presented with High grade fever and pain right hypochondrium for4 days. She had history of diarrhea few weeks back what is most likely diagnosis

a. Amoebic liver abscess
b. Acute cholecystitis
c. Right heart failure
d. Hepatocellular carcinoma

Ans: a

36. What tests should be performed before giving primaquine for the treatment of relapsingmalaria?

a. G-6PD deficiency
b. Liver function test
c. red cell transketolase
d. RFTs

Ans: a

37. Two young boys presented with jaundice, fever, pleuritic chest pain after takingprolonged storage beverages from some shop. LFTs and RFTs were deranged. Weilsdisease is top differential diagnosis, which one is the cause of Weils disease?

a. Trephonema pallidum
b. Borrelia burgdorferi
c. Leptospira
d. leishmania tropica

Ans: c

CJ

Section 2

SURGERY

2. SURGERY

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1. GENERAL SURGERY AND VASCULAR SURGERY:

Q. 1 A 54 yrs old lady has presented with acute limb ischaemia of right leg. Which of the following statement is best suited for her disease?

a. Her surgery is preferably done in general anesthesia
b. Most of arterial emboli are cardiac in ongin
c. It is usually due to thrombophilia
d. Anticoagulation is ideal if the lesion is diagnosed early
e. She requires surgery on next available operation list

Ans:b

Q. 2 Which of the following is least likely to be affected by Buerger's disease?

a. Common femoral artery
b. Radial or ulnar artery.
c. Digital arteries.
d. Superficial veins.
e. Anterior and posterior tibial artery

Ans:b

Q. 3 A 70-year-old man presents with sudden pain and ischemic changes in his left leg. An arterial embolusis suspected. The following is true:

a. The most likely source of an arterial embolus is from intracardiac thrombus on a previous MI
b. If atrial fibrillation (AF) is present, it is known that chronic AF is less likely to produce embolism than paroxysmal AF
c. Currently, the most common cause of AF is ischemic rather than rheumatic heart disease
d. Aspirin is more effective than Coumadin in AF for reducing risk of stroke and cardiovascular mortality
e. Approximately 50% of arterial emboli originate in the heart

Ans:b

Q. 4 In deep venous thrombosis (DVT) the most significant long-term sequela is:

a. Claudication.
b. Recurrent foot infections
c. Development of stasis ulcer
d. Pulmonary embolization
e. Diminished arterial perfusion

Ans:d

Q. 5 A 50-year-old security guard complains of leg swelling and lower leg ache which is worse at the end of the day. The most appropriate investigation is,

a. CT venography
b. Venous duplex scan
c. Ascending venography
d. Venous reflux plethysmography
e. ABPI measurement

Ans:e

Q. 6 In Parkland formula for fluid resuscitation of a burned patient the usual fluid requirement per kg per percent burn during first 24 hours is:

a. 1-2 ml
b. 2-3 ml
c. 3-4 ml
d. 4-5 ml
e. >10 ml

Ans:c

Q. 7 A 24 years male presents with a painful swelling under the right jaw. He has noticed that it enlargeswhenever he eats anything and then resolves completely few hours after the meal. What do you think the most likely diagnosis is?

a. Thyroglossal cyst
b. Branchial cyst
c. Blocked salivary gland duct
d. Belly of ruptured sternocleidomastoid muscle
e. A goiter

Ans:c

Q. 8 Burns which has exquisite pain on touch are

a. Superficial burns
b. Superficial partial thickness burns
c. Deep partial thickness burns
d. Full thickness burns
e. All of the above

Ans:b

Q. 9 You have repaired Ulnar nerve in an adult male by end to end epineural repair 24cm proximal to the tipof fingers. What expected time of sensory recovery will you tell your patient?

a. 2 month
b. 4 months
c. 6 months
d. 8 months
e. 10 months

Ans:d

Q. 10 A 24 years old male has sustained mixed thickness burns to 35% of his TBSA. His total body weight is 65 kgs. The fluid requirement for first 8 hrs is

a. 2250 ml
b. 3350 ml
c. 4550 ml
d. 5550 ml
e. 6550 ml

Ans:

Q. 11 There is not true in relationship to spinal shock

a. Urodynamic studies are helpful.
b. There is stress incontinence
c. Intermittant catheterivation is the preferred way of keeping the bladder empty
d. Total sensory loss below the upper level of cord injury indicates recovery is unlikely

e. Eventual demonstration of infant bulbocavernosis and anal reflexes indicates that automatic bladder contraction may develop

Ans:c

Q. 12 Fresh frozen plasma

a. Contains albumin, platelets and clotting factors
b. Contains only clotting factors
c. Contains albumin and clotting factor
d. Does not contain anti coagulant
e. Contains albumin only

Ans:c

Q. 13 Total energy requirement of a stable patient with a normal or moderately increased need is:

a. 10-15 Kcal/kg/day
b. 20-30 Kcal/kg/day
c. 40-50 Kcal/kg/day
d. 50-60 Kcal/kg/day
e. 70-80 Kcal/kg/day

Ans:b

Q. 14 A 42-year-old lady received multiple transfusions after sustainine fracture pole thing BTA and she complains of peri oral numbness, and carpopedal spasms with positive Choristor sign. What is the treatment of the condition?

a. IV calcium
b. IV potassium
c. IV soda bicarbonate
d. IV 25% glucose

Complications of massive transfusion are given below:

① Hypothermia
② Coagulopathy: bleeding, dilutional, citrate toxicity
③ Thrombocytopenia: bleeding and dilutional
④ Citrate toxicity: hypocalcemia, coagulopathy, myocardial depression
⑤ Hyperkalemia: hemolysis or tissue damage
⑥ Compartment syndrome: volume resuscitation or crush/blast injury
⑦ Leukopenia: dilutional and bleeding
⑧ Metabolic acidosis: production of lactate and decreased removal of citrate
⑨ Transfusion related acute lung injury (TRALI)

Ans:a

Q. 15 In unconscious patient apnea is established in apnea is established if there is no chest movement within

a. 4 sec
b. 3 sec
c. 10 sec
d. 20 sec
e. 30 sec

Ans:c

Q. 16 during bag mask ventilation in adult patient with pulse ventilation is given after every

a. 2 sec
b. 3 sec
c. 5-6 sec
d. 6-8 sec
e. 10 sec

Ans:b

Q. 17. chin lift head tilt method of opening airway is contraindicated in -

a. Unconscious patient
b. Patients with flail chest
c. Shock Polytrauma
d. Neck injury

Ans:d

Q. 18 Positive pressure ventilation is contraindicated.

a. Severe chest injury
b. Lung contusion
c. Raised ICP
d. Pneumothorax with chest tube
e. Tension pneumothorax

Ans:a

Q. 19 Best monitor for ventilation in intubated patient is

a. Pulse oximetry
b. ECG
c. BP
d. Capnography
e. EEG

Ans:d

Q. 19 While establishing an IV line tourniquet is applied to extremity to

a. avoid sudden inflow of fluids or medicines into circulation
b. compress the nerves to make the procedure pain free
c. occlude the main artery of extremity
d. Occlude veins to make them prominent
e. stop bleeding from punctured vein

Ans:d

Q. 20 Intravenous line is used for the following purposes except

a. Blood and blood base products transfusion
b. For parenteral nutrition
c. To monitor oxygen saturation of blood
d. To administer various drugs like antibiotic
e. To deliver anticancer chemotherapy

Ans:c

Q. 21 The relative contraindications to set an IV line on an extremity includes following except

a. Burns of an extremity
b. Cellulitis of an extremity
c. No peripheral line seen in hand
d. none

Ans:c

Q. 22 A patient of polytrauma is received in ER with a bp of 70/50 mmHg.On examination his Abdomen was found distended with generalized guarding and rigidity. Which of following is most commonly injured organ in blunt abdominal traum a.

a. Adrenal gland
b. Large Intestine
c. Spleen
d. Kidneys
e. Liver

Ans:c

Q. 23 A 34 years old main is brought into the emergency department with a large open knife wound 10cm inthe right thigh. The systolic blood pressure is 90 mmHg. Blood is spurting from the wound. What is the initial management step for this wound?

a. Clamp the bleeding artery with a vascular clamp
b. Apply a tourniquet above the wound
c. Apply direct pressure with sterilized gauz
d. Apply PASG, and inflate both legs
e. Tie the artery

Ans:c

Q. 24 A young male patient is undergoing thyroidectomy. Due to excessive bleeding only a unit was given but the patient developed hemolytic transfusion reaction. It is characterized by which of the following

a. Bleeding and hypotension
b. Fever and oliguria
c. Hyperpyrexia and hypotension
d. Tachycardia and cyanosis

Ans:b

Q.25 A 20 year old male is shot with a 38-caliber revolver at close range. His pulse is 87/min and Blood pressure is 110/80 mm Hg. The entrance wound is in the anterior aspect of his upper thigh and x-ray shows bullet embedded in the

muscles, posterolateral to his intact femur, Debridement of his entry wound is done under local anesthesia in the minor 01. What will you do next:

a. Arteriogram
b. Surgical exploration of the femoral vessels
c. Surgical removal of the bullet
d. Tetanus prophylaxis

Ans:b

Q. 26. A 68 year old man underwent an uncomplicated hip replacement surgery recently and now presented wit complaint of painful swelling right call. A duplex Ultrasound confirmed the presence of Deep vein Thrombosis. Which of following is most appropriate initial management in this case?

a. Warfarin
b. FFPs
c. Inferior Vena Cava Filter
d. Heparin
e. Rivaroxaban

Ans:d

Q. 27. Regarding Raynaud's disease;

a. is most frequent in males
b. is associated with hypertrophy of the volar carpal ligament
c. Causes prolonged conduction time in the median nerve
d. Is caused by spasm of small arteries
e. Is frequent in the tropics

Ans:d

Q. 28. A 65 year old male is subjected to femoral embolectomy. His pulses are back but he still can not dorsiflex his toes. The next step in the management is:

a. Elevation of the leg
b. Electromyography
c. Nerve conduction studies
d. Application of a splint
e. Immediate fasicotomy

Ans:c

Q. 29. A 30 yrs old male sustains bullet injury to left thigh resulting in vascular injury. On exploration, the superficial femoral artery is found injured with loss of about 6 cm length. He needs:

a. Debridement and end-to-end Anastomosis of the artery
b. Debridement and repair with interposition of prosthetic graft
c. Debridement and repair with interposition of arterial graft
d. Debridement and repair with interposition of vein graft
e. Ligation of artery and observation

Ans:c

Q. 30. Following changes in the case of patient decreases the chances of a postoperative wound infection

a. Preoperative admission to hospital for treatment of asthma
b. Treating the urinary infection with steroids prior to surgery
c. Shaving the abdomen the night prior to surgery

d. Prophylactic antibiotics for three postoperative days
e. Using a closed drainage system brought out through the operative incision

Ans:b

Q. 30. Calot's triangle is the space bordered by

a. Cystic duct
b. Common hepatic duct
c. Superior Border of cystic artery
d. Under surface of liver
e. All of the above ●

Ans:e

Q. 31. The functions of gall bladder includes except

a. Storage of bile
b. Concentration of bile
c. Secretion of mucus
d. Secretion of bile salts
e. None of the above

Ans:d

Q. 32 All are true regarding MRCP except

a. It is non invasive
b. Can demonstrate ductal strictures
c. Potentially has no serious complications
d. Radioactive dye is used IV
e. Main indication is suspicion of intraductal pathology

Ans:d

Q. 33. Hepatocellular carcinoma diagnosed with surely on

a. Alpha feto protein levels
b. Presence of hepatits B or C
c. Triphasic CT scan of liver
d. FNAC biopsy of liver
e. Levels of CEA

Ans:c

Q. 34. Emergency cholecystectomy means

a. Cholecystectomy for symtomatic gallstones
b. Cholecystectomy for incidental gallstones
c. Cholecystectomy within 48 hours of onset of acute cholecystitis
d. Cholecystectomy for complications of acute cholecystitis
e. None of the above

Ans:c

Q. 35. In deep venous thrombosis (DVT) the most significant long-term sequel is:

a. Claudication
b. Recurrent foot infections
c. Development of stasis ulcer
d. Pulmonary embolization

Ans:d

Q. 36. Which of the following statements about Buerger's disease is true?

a. Life expectancy is reduced as compared to normal
b. Asians are less affected than Americans healthy individuals
c. The disease affects only young men.
d. Upper limb arteries can be affected

Ans:d

Q. 37. A 50-year-old security guard complains of leg swelling and lower leg ache which is worse at the end of the day the most appropriate investigation is:

a. CT venography
b. Venous duplex scan
c. Ascending venography
d. Venous reflux plethysmography
e. ABPI measurement

Ans:e

Q. 38. The compartment most commonly affected in a lower leg compartment syndrome is the ?

a. Anterior compartment
b. Lateral compartment
c. Deep posterior compartment
d. Superficial posterior compartment

Ans:a

Q. 39. A 32 year old male patient is brought to the emergency after a road traffic accident. He has mistained blunt abdominal trauma. The best first line investigation in this patient is:

a. CT Scan
b. Exploratory laparotomy
c. FAST examination
d. Laparoscopy

Ans:c

Q. 40 A 6-year old boy has a painful elbow, with swelling over the region of the olecranon There is bruising in Olecranon area and patient is unable to extend the elbow actively Radiographs reveal a thin piece of bone that is , Displaced 4mm from the proximal border of the olecranon Treatment should consist of:

a. Closed reduction with cast in 90 degrees of flexion
b. Closed reduction with cast in extension
c. Open excision of osseous fragment
d. Open reduction and Tension band wiring

Ans:a

Q. 41 Tensile strength of wound becomes normal after:

a. 6 weeks
b. Never
c. 4 months
d. 6 month

Ans:b

Q. 42. A 36 year afro American gentleman presents to you with a large recurrent sternal keloid. You offer excision and split thickness skin grafting followed by low dose radiotherapy because:

a. A They often undergo malignant change
b. Local recurrence is common after excision alone
c. They do not extend into normal skin
d. There is only 10% recurrence after steroid injection making it the treatment of choice
e. not excision followed by radiotherapy

Ans:b

Q. 43. A 43 year old right-hand dominant diabetic lady comes to your clinic with complaints of tingling sensations and paraesthesias in medial two and a half fingers of her right hand. She sometimes wake up at night because of this. Physical examination shows Positive Phalens sign, in the wrist. Which of the following syndromes is the most likely diagnosis?

a. A Pronator syndrome
b. Anterior interosseous syndrome
c. Carpal tunnel syndrome
d. Hexor carpi radialis tunnel syndrome

Ans:c

Q. 44. A 51-year-old man is brought to the emergency department after sustaining an injury to the dominant right wrist. Examination shows a 5-cm-diameter wound on the dorsal surface of the wrist. There is significant contamination of the wound and segmental tendon loss Neurovascular status is intact. The patient is unable to extend the middle and ring fingers. Which of the following is the important next step in management?

a. Irrigation and debridement of all contaminated and nonviable tissue
b. Immediate coverage with a free flop and delayed tendon grafting
c. Primary repair of tendons
d. Primary single stage tendon grafting and coverage with a groin flap

Ans:b

Q. 45. You see a patient 6 weeks old with primary left sided cleft lip. While counseling the parents about surgery you let them know u follow the rule of ten with regards to cleft lip surgery. What does the rule of tens include:

a. 10 months
b. 10 kg
c. 10 Hct
d. 10 Hb

TIMING OF SURGERY	
Rule of Tens	for palate
For CL	
10 pounds	10 kg
10 gm of Hb	10 gm
10 weeks of age	10 month
10,000 TLC	10000 TLC

Ans:d

Q. 46. At fracture site an external fixat can do all except:

a. Telescope
b. Bend
c. Rotate
d. Compress
e. Distract

Ans:b

Q. 47 The advantages of ex fix include all except:

a. Minimal damage to blood supply
b. Minimal damage to soft tissues
c. Fixation is away from site of injury
d. Good option when significant infection risk
e. Always leads to primary union

Ans:e

Q. 48. The intramedullary nail needs:

a. Adequate preoperative planning
b. Patient tolerance to a major surgical procedure
c. Laminar air flow
d. Availability of nails of suitable length and diameter
e. Suitable instruments, trained assistants and optimal hospital conditions

Ans:d

Q. 49. The cannula for peripheral intravenous line is selected keeping following factors except which one in mind.

a. Age of patient
b. Duration of use of IV Line
c. Patient's preference
d. Purpose of IV Line
e. Rate of flow of fluid

Ans:d

Q. 50. While setting up IV line you will come to know that tip of cannula in the lumen of vein by following except.

a. Blood in the flashback chamber of cannula

b. Feel of piercing of wall of vein by needle of cannula
c. Free and rapid flow of fluid drops in the chamber of infusion tubing set
d. No visible or palpable swelling at site of IV line
e. You can freely draw blood by syringe attached to can

Ans:c

Q. 51 .In the management of polytrauma case according to ATLS intravenous cannula are passed.

a. After clearing and maintaining patent always
b. After ensuring and establishing spontaneous or assisted breating
c. Immediately patient is received in emergency department
d. Following control of bleeding from wound
e. Next to brief neurological assessment for level of consiousneous by GCS

Ans:b

Q. 52 Correct definition of antiseptic is

a. Chemicals that kill or prevent infection and damage living tissues
b. Chemicals that kill or prevent infection without damaging
c. Chemicals that can only kill or prevent infection on nonliving tissues
d. Chemicals that can only kill or prevent infection on animal housing

Ans:c

Q. 53 Identify the term that describes a disinfectant that can kill bacteria

a. Bactericidal
b. Bacteriostatic
c. Pathogenic
d. Bacteriosis

Ans:a

Q. 54 Identify the term that describes an environment completely free of micro organisms

a. Antibiotic
b. Asepsis
c. Antisepsis
d. Disinfected

Ans:d

Q. 55 What signs are indicative of positive gag reflux

a. Twitching
b. Sneezing
c. Eyes watering
d. Retching and coughing

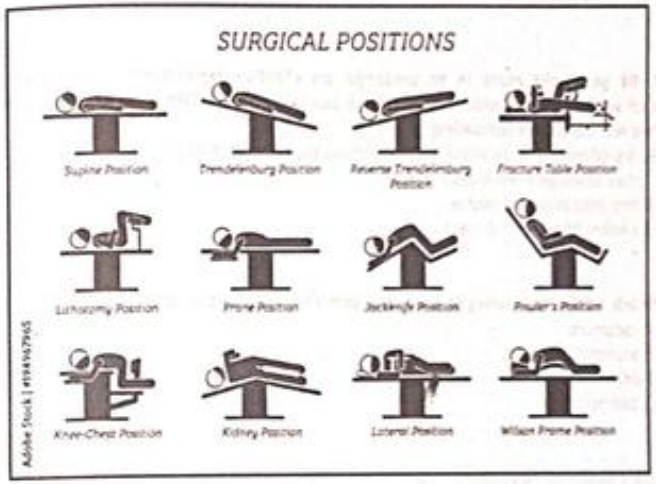
Ans:d

Q. 56 What should be the position of patient to place NG in him

a. Trendengurg

b. Reverse Trendenburg
c. Semi Fowler
d. High Fowler

Ans:c



Q. 57 If patient is awake and alert we offer glass of water with

a. Fork
b. Spoon
c. Straw
d. Whisk
e. Knife

Ans:b

Q. 58 Foley catheter of size 16 means

a. 16mm diameter at the tip
b. 16 mm inner diameter
c. 16 mm outer diameter
d. 16 mm circumference

Ans:c

Q. 59 What should be used to inflate a foley catheter balloon

a. Sterile water
b. Fluid recommended by manufacturers
c. Tap water
d. Normal saline
e. Air

Ans:a

Q. 60 What is the narrowest part of urethra

a. Meatus
b. Membraneous urethra
c. Prosthetic urethra
d. Neck of bladder

Ans:b

Q.61 A 64 year old male is to undergo an elective laparotomy procedure. The proposed wound is considered as 'clean contaminated'. The wound characteristic indicates which of the following:

a) Entry of intestinal or urinary tract without significant spillage
b) Gross spillage from intestinal tract
C) Entry into infected tissue
d) No entry of intestinal tract

Ans:a

Q62. Which of the following is a depolarizing muscle relaxant

a. Atracurium
b. Rocuronium
c. Suxamethonium
d. Cisatracurium

Ans:c

Q63 The colour of oxygen cylinder is

a. Blue
b. Black
c. White
d. Grey

Ans:b

Q64. A 45 years old women presents with a hard lump in her right breast Which of the following features on mamogram would suggest malignancy

a. Smooth borders
b. Well defined lesion
c. Areas of speculated micro calcifications
d. A mass of decreased density
e. Macrocalcification

Ans:e

Q65 Skip lesions with string sign on barium meal follow through is hall mark of -

a. Diverticulitis
b. Irritable Bowel Syndrome
c. Colon Cancer
d. Crohn's Disease
e. Ulcerative colitis

Ans:d

Q66. Involucurum is –

a. A dead bone
b. New bone formation
c. Aperture in a bone due to chronic infection
d. Lifted periostium
e. Pin tract infection

Ans:b

Q67 Brodi's abscess is name given to

a. liver abscess
b. Peri- anal abscess
c. Diaphragmatic abscess
d. Bone abscess
e. Brain abscess

Ans:d

Q68. CA Rectum is most commonly seen in

a. Adenomatous polyps
b. Hyperplastic polyp
c. Inflammatory polyp
d. P-J syndrome

Ans:b

Q69. Regarding staging in the rectal cancer, which of the following statement is false

a. Duke's stage B has reasonable prognosis with 70 per cent year survival
b. The incidence of stage C disease is 50 per cent
c. Stage signifies the presence of widespread metastasis usually hepatic
d. In TNM staging (Tumor node, metastasis) T3 indicates invasion through the serosa or mesorectal fascia
e. In TNM staging, N1 indicates involvement of one to three lymph nodes.

Ans:

Q70 Regarding enterocutaneous fistula which of the following statements is false

a. They are usually associated with sepsis and hypoproteinemia
b If the output is >500ml/day it is high output fistula
c. Operative treatment is always needed to cure them
d. They should be thoroughly investigated with Ba studies and CT scan
e. The commonest cause is postoperative

Ans:

Q-71 A 49-year-old lady presents in the emergency department with high grade fever and nausea for last 3 days. Her examination revealed temperature of 102 tenderness and guarding in right hypochondrium. She has raised TLC levels. What is the most likely diagnosis?

a. Acute Cholecystitis
b. Acute pancr itis
c. Renal colic

d. Acute appendicitis

Ans:a

Q-72 A 69 year-old lady develops right calf swelling 04 days after pelvic surgery correct What is the most appropriate treatment plan till the confirmation of the diagnose

a. Aspirin
b. Heparin
c. Waitarin
d. Antibiotics

Ans:b

Q-73 A 42-year-old lady received multiple transfusions after sustaining fracture and she complains of peri oral numbness, and carpopedal spasms with positive Chouvstek sign. What is the treatment of the condition?

a. IV calcium
b. IV potassium
c. IV soda bicarbonate
d. IV 25% glucose

Ans:a

Q-74 A patient in whom caecum cannot be separated from the hernia sac has which type of inguinal hernia?

a. Richter's
b. Silding
c. Pantaloon
d. Bubonocele

Ans:b

Q-75 A 22-year-old student presents with painless swelling limited to right scrotum, There is no cough impulse, testis is not palpable separately and trans illumination test is positive Most likely diagnosis is?

a. Testicular tumor
b. inguinal hernia
c. hydrocele
d. None of the above

Ans:c

Q-76 You have been tasked to confirm correct placement of NG tube. How will you can.

a. Whoosh test (bubliling sounds in epigastrium on injecting it through NG TUA
b. Aspiration
c.. Radiology
d. None of the above

Ans:c

Q-77 Features of systemic inflammatory response syndrome include?

a. Heart rate above 80 beats/min
b. WBC count above 15000
c. Temperature above 39°C
d. Respiratory rate above 20 breaths/min

Ans:b

Q-78 Possible advantages of the laparoscopic techniques include all except?

a. Post hospital recovery is shorter
b. More scar formation
c. allow thorough inspection of the peritoneal contents
d. shorter operative time

Ans:b

2. BREAST AND ENDOCRINOLOGY

Q. 1. Triple assessment includes all of the following except

a. Mammogram + Ultrasound
b. Core biopsy
c. History and physical examination
d. CE CT chest abdomen and pelvis

Ans: d

Q. 2. All of the following include in Low risk group of thyroid carcinoma EXCEPT

a. Men under age 40 or younger
b. Women age 50 or younger
c. No distant metastasis
d. Size greater 5 cm

Ans: d

Q. 3. Which of the following is not true regarding management of breast abscess

a. Aspiration with antibiotic cover
b. Incision and drainage
c. Antibiotics according to culture and sensitivity
d. Wide local excision

Ans: a

Q. 4. A 44 years old lady reported in breast clinic with 12 months history of left breast lump, clinically 5 cm lobulated lesion occupying central breast. Trucut biopsy revealed malignant phylloides treatment includes

a. simple mastectomy
b. Modified Radical mastectomy
c. Wide local excision plus sentinel lymph-node biopsy
d. Lumpectomy

Ans: b

Q. 5. In Cushing's syndrome the primary pathology is

a. Hypo secretion of ACTH
b. Hyper secretion of ACTH
c. Hyper secretion of Cortisol
d. Hypo secretion of Cortisol

Ans: b

Q. 6. 47yrs old female with no previous medical or surgical history presents to general practitioner with c/o headache, lethargy and constipation. Base line labs were normal except for raised Serum calcium levels USG followed by X-rays showed kidney stone (incidental). What would be your next step?

a. PCNL
b. Observation
c. Serum PTH levels
d. Neck exploration

Ans: c

Q. 7. A 60 years old male patient, known case of chronic renal disease was referred to general surgeon bynephrologist with elevated serum PTH levels. Surgical exploration revealed all four glands to be enlarged. Most appropriate management would be?

a. Excision of largest enlarged gland
b. Incisional biopsy of all four glands
c. Selective venous PTH sampling
d. Subtotal parathyroidectomy

Ans: d

Q. 8. This 30-year-old woman presented with weakness, bone pain, an elevated Parathormone level, and a serum calcium level of 15.2 mg/dL Skeletal survey films were taken, including the hand films and chest x-ray shown. The most likely cause of these findings is

a. Metastatic carcinoma
b. Primary hyperparathyroidism
c. Secondary hyperparathyroidism
d. Vitamin D intoxication

Ans: b

Q. 9. In a case of high ACTH production and normal pituitary gland the anext step in management should be

a. MRI of chest
b. MRI of Abdomen
c. MRI of chest and abdomen
d. CT scan of chest and abdomen

Ans: d

Q. 10. A patient with signs of hyperthyroidism is about to undergo a thyroidectomy of the common complication of thyroidectomy, the one that may be avoided through prophylaxis is

a. Injury to the recurrent laryngeal nerve
b. Injury to the superior laryngeal nerve
c. Symptomatic hypocalcemia
d. Thyroid stom
e. Post-operative hemorrhage and wound hematoma

Ans: d

Complications:

1. Haemorrhage
2. Respiratory obstruction
3. RLN palsy and voice change
4. Thyroid insufficiency
5. Parathyroid insufficiency
6. Thyrotoxic crisis
7. Wound infection
8. Hypertrophic scar
9. Stitch granuloma.

Q. 11. A 25 years old female presented with a solitary cystic swelling in front of neck in the midline. The swelling moves on deglutition. The best test to distinguish it from solitary nodule throid gland is to perform

a. Tongue protrusion test
b. A transiuntination test
c. Fluctuation test
d. Ultrasound neck
e. A CT scan neck

Ans:d

Q. 12. A 54 yrs old lady has presented with increasing weight lethargy and dyspnea. On examination apart from increased weight there is a diffuse swelling in front of the neck that moves on swallowing What is the most appropriate next step

a. Needs regular exercise
b. Thyroid function tests should be checked
c. Should be put on antiobesity preps
d. Should be put on thyroxine
e. Should have a Chest X-ray done

Ans:b

Q. 13. 54 yrs old female from a far-off village hås presented with a 5cm swelling in the neck for 2 months over anodular goiter which is there for 17 years Upon Clinical examination this domimant swelling feels firm on palpation and FNAC showed Follicular cells, the best treatment would be

a. Lobectomy and isthmusectomy
b. Near total thyroidectomy
c. Subtotal thyroidectomy
d. Total thyroidectomy
e. Trucut biopsy of nodule

Ans:c

Q. 14. Screening test of medullary carcinomâ thyroid

a. a Serum calcium
b. Serum calcitonin
c. Serum alkaline phosphatise
d. Serum TSH

Ans:b

Q. 15. The important muscles in the region of the breast included all of the following except

a. pectoralis major
b. latissiumdorsi
c. Biceps muscle
d. pectoralis minor
e. Trapezius

Ans:c

Q. 16 The adult breast lies between the following structure except

a. second rib
b. sixth rib
c. sternal edge

d. posterior axillary fold
e. Fifth rib

Ans:d

Q. 17 The principal blood supply to the breast is derived

a. external mammary artery
b. internal mammary artery
c. lateral thoracic artery
d. internal thoracic artery
e. Common carotid artery

Ans:d

Q. 18. A 55 years male presented to ER after sudden onset chest pain following severe vomiting. His pulse was 132/min and BP was 80/50 mm Hg. Clinical examination revealed spreading acutaneous emphysema. Chest X-ray showed air in the mediastinum. What is most likely diagnosis?

a. Mediastinitis
b. Boerhaave syndrome
c. Esophageal perforation
d. GERD
e. AchlasiaCardia

Ans:c

Q. 19. A 24 years old man is found to have an incidental mass in anterior mediastinum as revealed by a pre-employment chest radiograph. Most commonly found anterior Mediastinal mass is:

a. Teratoma
b. Lymphoma
c. Paraganglioma
d. Thymoma
e. Sarcoma

Ans:d

Q. 20. A 36 years patient was investigated for dysphagia. Barium swallow revealed bird peak appearance of distal esophagus. What is most likely diagnosis?

a. Zenker diverticulum
b. Esophageal web
c. Achlasia cardia
d. Nutcracker esophagus
e. Carcinoma esophagus

Ans:c

Q. 21. A 35 year old lady is suffering from thoracic outlet syndrome. She experience pain & numbness left upper limb. What is management in this case:

a. Exercises of left upper limb
b. Decompression of brachial plexus by removing the extra rib
c. Spinal exercise
d. Release of medium nerve wrist
e. Complete rest of left upper limb for four weeks

Ans:b

Q. 22. A 68 years old man who has background history of obstructive pulmonary disease falls from stairs. His Chest Xrays revealed fractures of third, fourth and fifth ribs in left anterolateral chest. Which of the following clinical finding will confirm the diagnosis of flail chest?

a. Decreased air entry on right side of chest
b. Paradoxical movement of left sided chest wall
c. Tracheal deviation
d. Hyperresonance
e. Bulge on right side of Chest

Ans:b

Q.23 18 years old female presents with a well-circumscribed 2 cm mass in her right breast. The mass is painless and has rubbery consistency with discrete borders and it appears to move freely. What is the likely diagnosis?

a) Carcinoma
b) Fat necrosis
c) Fibroadenoma
d) Cystosarcoma phyllodes

Ans:c

Q24. A 28 years old female skater presents several weeks after having sustained an injury to left breast. She has a painful mass in the upper outer quadrant. Skin retraction is noticed, and a hard mass 3-4 cm in diameter can be palpated. What is the likely diagnosis?

a) Fat necrosis
b) Breast abscess
c) Hematoma
d) Sclerosing adenosis

Ans:a

Q. 25 A 41 year old female comes to your office with a biopsy proven invasive ductal cancer in upper outer quadrant of left breast, palpable left axillary lymph nodes and diffuse calcifications throughout the rest of her breast proven to be DCIS on stereotactic biopsy. The best surgical option is:

a) Simple mastectomy
b) Modified radical mastectomy
c) Total mastectomy with sentinel lymph node biopsy
d) Radical mastectomy

Ans:d

Q.26 A 50 year old female diagnosed with invasive breast carcinoma has a negative metastatic survey. The most common site for metastasis would be:

a) Brain
b) Lungs
c) Bone
d) Liver

Ans:c

Q-27 A 25 years old female presented with a solitary cystic swelling in front of neck in the midline. The swelling moves on deglutition. The best test to distinguish it from solitary nodule throid gland is to perform!

a. Tongue protrusion test
b. A transluntination test
c. Fluctuation test
d. Ultrasound neck
e. A CT scan neck

Ans:d

Q-28 A 54 yrs old lady has presented with increasing weight lethargy and dyspnea. On examination apart from increased weight there is a diffuse swelling in front of the neck that moves on swallowing . What is the most appropriate next step

a. Needs regular exercise
b. Thyroid function tests should be checked
c. Should be put on antiobesity preps.
d Should be put on thyroxine
e. Should have a Chest X-ray done

Ans:b

Q-29 A 54 yrs old female from a far-off village has presented with a 5cm swelling in the neck for 2 months over a nodular goiter which is there for 17 years Upon Clinical examination this dorainant swelling feels firm to hard FNAC shows Follicular cells, the best treatment would be

a. Lobectomy and isthmusectomy
b. Near total thyroidectomy
c. Subtotal thyroidectomy
d. Total thyroidectomy
e. Trucut biopsy of nodule

Ans:c

Q-30 Screening test of medullary carcinoma thyroid

a. Serum calcium
b. Serum calcitonin
c. Serum alkaline phosphatise
d. Serum TSH

Ans:b

Q-31 A 6.8 lbs new born delivered by SVD is detected as having unilateral cleft lip and palate. What advice you would render to child's parents?

a. Lip repair would be performed once the child is 12-month old
b. Palate repair would be performed before lip repair
c. ft is unlikely to be associated with other concenital morales
d. Surgery will result in complete rehabilitation of the child

Ans:

Q-32 Which of the following condition is most commonly associate with milky beast (galactorrhea)?

a. fibroadenoma breast
b. Breast abscess
c. Pitultary adenoma
d. Hyperthyroidium

Ans:c

Q-33 what is the most appropriate initial investication for 21-year-old female will a nontender mobile lump in right breast?

a. Mammography
b. Ultrasound
c. FNAC
d. Trucut biopsy

Ans:c

Q-34 Regarding medullary carcinoma thyroid gland which is not true statement

a. Those with RET gene mutation should have family members screened
b. Familial cases have association with pheochromocytoma
b. Calcitonin levels can be helpful in diagnosis and follow up
d. 50% are sporadic

Ans:b

Q-35 A very slowly growing tumour of parotid gland without facial nerve involvement is most likely to be

a. Adenoid cystic carcinoma
b. Mucoepidermoid carcinoma
c. pleomorphic adenoma
d. Obstructive jaundice

Ans:c

CJ

3. GASTROINTESTINAL TRACT

Q. 1. A 38 year-old female presents with a 6 hours history of colicky abdominal pain over the night up quadrant. This radiates to the back and right shoulder on examination she is a febrile with a soft abdomen What is the diagnosis?

a. Acute Cholecystitis
b. Biliary Colic
c. Biliary Peritonitis
d. Cholangitis

Ans: A

Q. 2. A 40-year-old female has been having episodes of colicky night upper quadrant pain for the past 3 months The pain radiates to her back and is associated with dyspeptic symptoms Ultrasound scan confirms gan bladder stones and dilated bile ducts with stones. Blood tests elevated serum bilirubin and serum alkaline phosphatase What is the treatment of choice?

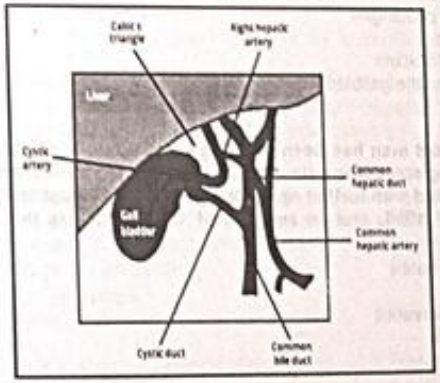
a. Cholecystectomy and choledochotomy
b. ERCP - stenting
c. ERCP - stone extraction followed by laparoscopic cholecystectomy
d. Laparoscopic cholecystectomy

Ans: c

Q. 3. In attempting to minimize complications during cholecystectomy, the surgeon defines the triangle of Calot during the operation The boundaries of the triangle of Calot (modified) are the common hepatic duct medially, the cystic duct inferiorly, and the liver superiorly. Which structure courses through this triangle?

a. Cystic artery
b. Left hepatic artery
c. Right hepatic artery
d. Right renal vein

Ans: A



Q. 4. Which of the following statements regarding direct inguinal hernias is true?

a. They are the most common inguinal hernias in women
b. They protrude medially to the inferior epigastric vessels
c. They should be opened and ligated at the internal ring
d. They commonly protrude into the scrotal sac in men
e. They incarcerate more commonly than indirect hernias hernia,

Ans:

Q. 5. In repair of a femoral hernia, the structure most vulnerable to major injury, lies

a. Medially
b. Laterally
c. Anteriorly
d. Posteriorly
e. Superficially

Ans:b

Q. 6. A 70-year-old cigarette smoker presents with a right inguinal mass that has enlarged and has caused discomfort in recent months. He complains of recent difficulty with micturition and nocturia, the swelling on does not extend to the scrotum, reduces when resting. What is the likely diagnosis?

a. Direct inguinal hernia
b. Strangulated indirect inguinal hernia
c. Hydrocele
d. Aneurysm of the femoral artery
e. Cyst of the cord

Ans:a

Q. 7. A 47 year-old woman has 12h of progressive onset epigastric and upper abdominal pain and rigors with temperatures up to 39 2°C Her pulse is 102 bpm, blood pressure is 110/70 mm of Hg, and there is mild and the jaugdice present. which is the single most likely diagnosis

a. Ascending cholangitis
b. Biliary colic
c. Cholecystitis-acute
d. Empyema of the gallbladder

Ans:a

Q. 8. A 52 year-old man has been drinking up to 30 units of alcohol per week and has longstanding epigastric pain. He has had multiple admissions to hospital with pain He is admitted with further epigastric pain, mild epigastric tenderness, a white cell count of 7 * 109/L and an amylase of 1021. Which is the single most likely diagnosis?

a. Acute pancreatitis
b. Biliary colic
c. Chronic pancreatitis
d. Hiatus hernia

Ans:a

Q. 9. A 43-year-old man is referred by his GP with ongoing abdominal pain, vomiting, and a persistent raised temperature several weeks after an episode of acute pancreatitis. There is a palpable upper abdominal mass . Which is the single most likely diagnosis?

a. Abdominal aortic aneurysm
b. Carcinoma of the pancreas
c. Empyema of the gallbladder
d. Pseudocyst of the lesser sac

Ans:d

Q. 10 A 37 year old woman has had 3 days of increasing epigastric pain, nausea and fever She is tender in the right upper quadrant of the abdomen Investigations reveal a WBC of 17 x 10(9), a CRP of 25 mg/L and an aspartate transaminase of 67 IU/L What is the single most appropriate investigation?

a. Abdominal X-ray
b. Barium meal and follow through
c. CT scan of the abdomen
d. Upper abdominal ultrasound scan

Ans:d

Q. 11 A 76 year old man has had vague abdominal pain for 4 months and he has lost 5kg weight and anorexia for 10 days.On examination he is deeply jaundice and there is tenderness in RHC . What is the most likely diagnosis?

a. Adenocarcinoma of pancreas
b. Cholangiocarcinoma
c. Gastrinoma
d. Hepatocellular carcinoma
e. insulinoma

Ans:a

Q. 12 A 45-year-old male patient presents with H/O tenesmus, mucus discharge and fresh bleeding per rectum His clinical examination revealed a polypoid growth 12 cm from anal Verge. Biopsy revealed well differentiated adenocarcinoma rectum. His staging reveals 11 N0, M0 disease. What is the most appropriate treatment option for this patient?

a. Neo adjuvant chemo/radio therapy followed by abdominoperineal excision of rectum
b. Abdominoperineal resection followed by chemo/radio therapy
c. Neo adjuvant chemo/radio therapy followed by anterior resection
d. Anterior resection followed by adjuvant chema/rad o therapy

Ans:a

Q. 13 A 36-year-old male patient who has been diagnosed as adenocarcinoma of colon (adenocarcinoma rectum at 5 cm from anal verge) and is being prepared for abdominoperineal excision of rectum Which one of these is not likely one of the likely complications of the procedure?

a. Erectile sexual dysfunction
b. Bladder problems
c. Ureteric injury
d. Need for second surgery for reversal of colostomy

Ans:b

Q. 14 A 32 days old weak and dehydrated new bom baby is brought by his projectile vomiting. On examination there are visible gastric is also palpable in the right upper quadrant The most likely diagnosis in this case is

a. Esophageal stricture
b. Gastro-esophageal reflex disease
c. Esophageal achalasia
d. Idiopathic hypertrophic pyloric stenosis
e. Congenital duodenal stricture

Ans:d

Q. 15 A 45 years old lady is complaining of pain right hypochondrium . An Xray was planned, what percentage of gallstones is radio-opaque?

a. 10%
b. 20%
c. 30%
d. 60%
e. 80%

Ans:a

Q. 16 A 54 years old weak male was brought with the complaints of dyspepsia on examination a mobile lump was palpable in epigastrium. Endoscopic biopsy shows a mass in stomach. After staging the patient has been planned for partial gastrectomy .The excised tissue will include which parts:

a. Distal stomach
b. Distal stomach and 1st part of duodenum
c. Distal stomach and part of greater omentum
d. Distal stomach, parts of greater and lesser omentum and 1 art of duodenum
e. Distal stomach, part of greater omentum and upto 2nd part of duodenum

Ans:b

Q. 17 A 67 years old male jaundiced patient has reported in surgical OPD with anorexia vomiting and pruritis. On abdominal examination he is having a lump in epigastrium. USG abdomen shows mass in the head of pancreas. To rule out the pancreatic cancer you want to write down various investigation and the tumour marker

Which of the following is the correct tumour marker?

a. CEA
b. CA 125
c. AFP
d. CA 19-9
e. B – HCG

Ans:d

Tumor marker	Disease
CEA	Colorectal cancer
PSA	Prostate cancer
CA 15-3	Breast cancer
CA 125	Ovarian cancer
CA 19-9	Pancreatic cancer
Beta 2 microglobulin	Multiple myeloma

support surgical treatment of impending pathological fractures.

Q. 18 37 years old male builder presents with sudden onset of severe abdominal pain. He is previously fit andwell other than taking strong black coffee onand off and use of indomethacin for evening aches, On examination he is in severe pain and has a rigid abdomen. Select the most appropriate diagnosis?

a. Appendicitis
b. Mesenteric Ischemia
c. Pancreatic necrosis,
d. Perforated diverticular abscess
e. Perforated peptic ulcer

Ans:d

Q. 19 A 24 years old man is brought in A & E from a bar intoxicated, vomiting and complaining of severe upperabdominal and retrosternal chest pain. He started vomiting 2 hours after a spicy meal. On examination his pulse was 130/ minute, respiratory rate 30/minute and blood pressure 90/60 mm Hg. What is the diagnosis?

a. Acute Cholecystitis
b. Acute Pancreatitis
c. Boerhaave:s Syndrome
d. Perforated Peptic Ulcer
e. Ruptured Aortic Aneuryam

Ans:c

Q. 20 In perforation of a peptic ulcer

a. Women are affected more than man
b. The incidence is highest over 45 years of age
c. Perforation usually occurs on the anterior surface of stomach
d. The patient has pyrexia
e. The patient is restless

Ans:c

Q. 21 A 32 years male has been recently diagnosed as a case of ulcerative colitis Medical treatment is plannedto be started. Which of the following drugs is not used in the treatment of ulcerative colitis?

a. Isoniazid

b. Prednisolone
c. 5-aminosalicylic acid derivatives
d. Cyclosporin Steroid enemas

Ans:c

Q. 22 Regarding infantile hypertrophic pyloric stenosis:

a. Vomiting is bilious
b. Can be treated by pylromyotomy
c. Correct the acidosis before operation
d. Gastrojejunostomy is a good option

Ans:b

Q. 23 A 2 day old baby has presented with bilious vomiting since birth and not passed meconium Abdomen moderately distended and X-ray shows a triple bubble in the upper abdomen. The most likely diagnosis is:

a. Malrotation
b. Hypertrophic pyloric stenosis
c. Midgut valvulus
d. Jejunal atresia

Ans:d

Q. 24 A patient in whom caecum cannot be separated from the hernia sac has which type of inguinal hernia?

a. Richter's
b. Sliding
c. Pantaloon
d. Bubonocele

Ans:b

Q. 25 Regarding gall stones all of the following statements are true except?

a. More common in females
b. 90% are radio opaque
c. Associated with obesity
d. Dyspepsia is common symptom

Ans:b

Q. 26 A37-year old male undergoes colonoscopy for bloody diarrhea and histopathology reveals it to be a case of ulcerative colitis, which is true about the disease?

a. There is increased risk of malignancy
b. Oral cavity has ulcers
c. Characteristically it shows skip lesions
d. Disease involves full thickness of bowel wall

Characteristic	Ulcerative Colitis	Crohn's disease
Site of disease	Colon (proctosigmoiditis, left-sided colitis, pancolitis, backwash colitis)	Colon (2/3), Ileum (2/3), infrequent in jejunum and duodenum
Clinical Features	Fever, abdominal pain, bloody diarrhea, weight loss	Fever, abdominal pain, diarrhea, weight loss, fatigue
Intestinal Complications	Strictures absent, fistulas absent, punctate ulcers, pseudopolyps, shortened colon, rectum involved, perianal disease absent	Strictures present (fibrotic and stenotic), fissures and fistulas common, deep ulcers, cobblestone appearance, perianal disease
Inflammation	Primarily mucosal, cryptitis, crypt abscess, granulomas absent, associated with IL-13	Transmural, crypt abscess, granulomas associated with IL-12/IL-23 and IFN-gamma/IL-17 production

This table was created based on references (39, 40).

Ans:a

Q. 27 Regarding staging in the rectal cancer which the following statement as false

a. Duke's stage has reasonable prognosis with 70 percent year servival
b. The incidence of stage disease is to per cent
c. Stage signifies the presence of in TNM Sting
d. In TNM staging. Ni indicates Regarding enterocutaneous fistula who

Ans:b

Q.28 A 45 years old male presented with bleeding per rectum Digital Rectal Examination was un colonoscopy showed a polypoid mass in the rectum about 8 cms of anal verge biopsy confirmened be adenocarcinoma. What operative procedure would you plan

a. Polypectomy
b. Total proctocolectomy
c. Abdominoperineal resection
d. Left hemicolectomy
e. Anterior resection

Ans:c

Q. 29 Which of the following is not a treatment option for hemorrhoids

a. Lateral sphincterotomy
b. Rubber band ligation
c. Stapled hemorrhoidectomy
d. Milligan Morgan technique
e. Injection of phenol in almond oil

Ans:a

Q. 30 In ano rectal examination, all of the following statements are true except

a. Visual examination of the perianal region is essential to exclude fissures, fistulae or other painful conditions
b. A cancer in the lower third of the rectum can be felt by the index finger

c. A proctoscope visualizes the lower 10 cm of the rectum
d. A flexible sigmoidoscope visualizes 55-70 cm of the terminal large bowel
e. Anal fissures can be easily diagnosed without proctoscopy

Ans:b

Q. 31 Which of the following statements regarding the congenital anomalies of the anal canal is not true?

a. The dorsal part of the cloacal membrane is called the anal membrane
b. Imperforate aanus is divided into two types - high and low - depending on the level of rectal termination in relation to the urinary bladder
c. It can lead to absolute constipation
d. Low defects are easier to correct but more prone to constipation
e. Postanal dermoid usually remains asymptomatic until adult life

Ans:b

Q. 32 Allis forceps is best used for holding

a. artery
b. intestines
c. ligaments
d. muscle
e. skin

Ans:b

Q .33 A 25 year old male patient has been brought in with a stab injury to his central abdomen Although in severe pain around the injured site, he is stable haemodynamically. At this stage anintraperitoneal injury needs to be excluded. FAST is normal. What screening procedure might you consider?

a. DPL
b. Exploratoy lap
c. CECT
d. X-ray

Ans:a

Q. 34 A 55-year-old patient presented with acute abdominal pain of sudden onset X-ray free air under the diaphragm.. Diagnostic laparoscopy revealed perforated duodenum which was repaired laparoscopically. Patient was well until the fourth postoperative when he developed pyrexia, looked toxic, complained of pain in his right shoulder up was tender and rigidness in his right upper quadrant. Most likely diagnosis is a

a. Basal pneumonia
b. Bile peritonitis
c. Liver abscess
d. Postoperative peritonitis
e. Subphrenic abscess

Ans:e

Q, 35 A 79-year-old man with atrial fibrillation develops an acute abdomen. When seen 3 days after the onset of the abdominal pain, he has a silent abdomen with diffuse tenderness and mild rebound. There is a trace of blood in the rectal exam. He looks quite sick with signs or sepsis. LEAD IN: The most likely diagnosis is

a. Acute pancreatitis

b. Mesenteric ischemia
c. Perforated peptic ulcer
d. Primary bacterial peritonitis
e. Sigmoid volvulus

Ans:b

Q. 36. A 32-year-old male presented with repeated vomiting followed by hematemesis. He was suspected as a case of Mallory Weiss syndrome. What is the pathology of the above mentioned condition?

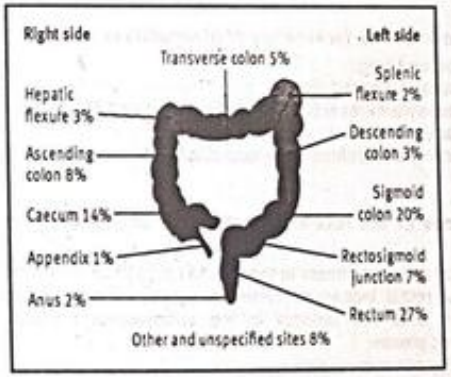
a. Acute gastritis
b. Bleeding from the gastric polyp
c. Tear in esophagus
d. Tear il-gastric mucosa
e. Tear in the mucosa of gastro esophageal junction

Ans:c

Q. 37. Most cancers in the large bowel arise from?

a. Sigmoid colon
b. Asending colon
c. Transverse colon
d. Desending colon
e. Rectum

Ans:e



Q. 38. Population based screening by fecal occult blood testing has lead to reduction of Colorectal cancer morality in the UK by a figure of

a. 5-10%
b. 15-20%
c. Greater than 30% but loss than 50%
d. No change in mortality
e. Greater than 50%

Ans:b

Q. 39. Tumors marker far colorectal cancer is

a Alpha fetoprotein
b Serum CDH
c CEA
d CA-125
e CA-19-9

Ans:c

Q. 40. Surgery is indicated in crohn's disease for:

a Perianal disease
b Fulminant disease with no medical response
c Malignant change
d None the above
e All of the above

Ans:e

Q. 41. Treatment of choice for fulminant ulcerative colitis not responding to medical therapy is:

a Loop ileostomy
b Proctocolectomy and end ileostomy
c Sub-total colectomy and end ileostomy
d Restorative Proctocolectomy with ileal pouch
e Turnbull blowhole operation

Ans:b

Q. 42. Treatment of choice far Hinchey IV divertulitis is

a Laparoscopic large
b Antibiotics and bowel rest
c Laparotomy with resection of diverticular and end to end anastomosis
d Hartman procedure
e Laparotomy and defuntioning loop colostomy

Ans:d

Q. 43. Which one of the following statements about Hirschsprung's disease is correct?

a Ganglion cells are absent in the sigmoid colon but are present in the rectum
b When a rectal biopsy specimen is examined histologaically it is seen that ganglion cells are present in the submucosal plexus but are absent in myenteric plexus
c It is more common in girls
d. It may be present with severe diarrhea with abdominal distension
e. Barium enema is the most accurate investigation for diagnosis

Ans:

Q. 44. A 7-week male child is vomiting after feeds. The vomit is non-bilious and projectile Abdominal ultrasound shows thickened and elongated pylorus. Treatment priority in this child would be

a.Intravenous fluid therapy and correction of electrolyte deficiencies and acid-base balance

b. Medical management with drugs that relax the pyloric muscle
c. Immediate surgical intervention to relieve the pyloric obstruction
d. Barium contrast studies to confirm the diagnosis
e. No active treatment because this condition resolves spontaneously

Ans:a

Q.45 A 29-year-old lady presented with an episode of constipation which was followed by painful defecation andstreaking of stool with blood.Clinical examination revealed increased anal tone on inspection and further examination was not possible due to pain. Considering the diagnosis of acute anal fissure which is the best treatment option?

a Analgesics and antibiotics
b Anal dilatation
c Lateral sphincterotomy
d Life style modifications like high fiber diet stool softener topical GTN ointment and analgesics

Ans:d

Q.46 A 56 years old male factory worker has persistent dyspepsia and weight loss. He smokes around 20 cigarettes per day. His abdominal examination reveals a non tender epigastric mass with an associated succussion splash. Which of the following is the risk factor for the most likely diagnosis?

a Blood group B
b Female gender
c H. Pylori
d High fiber diet
e Long term aspirin use

Ans:c

Q.47 A 63 years old smoker worker having poorly controlled rheumatoid arthritis comes with sudden onset severe epigastric pain ant haematemesis. Examination shows tender epigastrium, rigid abdomen and absent bowel sounds. Chest x-ray PA erect shows gas under the diaphragm. What is the most likely site of pathology?

a Esophagus
b 1st part of duodenum
c Gastro esophageal junction
d 2nd part of duodenum
e Stomach

Ans:b

Q.48 A 78 years old man has 2 years history of intermittent epigastric pain, post prandal fullness and excessive belching. His chest x-ray shows air-fluid levels behind the mediastenum Which of the following is the most likely cause of his symptoms?

a Ac gastric volvulus
b Small bowl obstruction
c Ch panctreattis
d Hitus hernia
e Acid peptic disease

Ans:d

Q. 49 If the greater tuberosity of the humerus is lost which of the following movements will be affected

a. Adduction and flexion
b. Abduction and lateral rotation
c. Medial rotation and adduction
d. Flexion and medial rotation
e. Flexior and external rotation

Ans:b

Q. 50 A 77-year-old multiparous female presents with a bowel obstruction She has no previous abdominal operations and no abdominal wall hernias can be detected. In addition to her abdominal symptoms, she reports pain in her right medial thigh. The following statement is true concerning her diagnosis and management

a. Expectant management with nasogastric suction and IV fluid replacement is indicated
b. A right groin approach is indicated for exploration and repair of the presumed hernia
c. The use of a polypropylene mesh will likely be necessary for repair
d. A correct diagnosis can usually be made by visualizing an external mass in the upper media thigh
e. CT scan of the abdomen may not be of any help in diagnosis

Ans:b

Q. 51 A 28-year-old woman with a history of an appendectomy presents with a non-tender palpable mass in the right lower quadrant abdominal. The following statement is true concerning the diagnosis and management of this patient.

a. The best diagnostic test involves imaging of the abdominal wall by either CT or MRI
b. Resection of the mass with a 2 cm margin is usually adequate
c. Low dose radiation is a suitable alternative to surgery for primary treatment
d. Re-resection for recurrence will likely have a higher rate of recurrence than for primary resection
e. Chemotherapy may be necessary at some stage of the disease

Ans:b

Q. 52 A 48-year-old woman maintained on Warfarin for a history of cardiac valvular replacement and a history of recent upper respiratory infection presents with severe abdominal pain exacerbated by movement Her physical examination shows tenderness in the right paramedian area with voluntary guarding but no peritoneal signs. The following statement(s) is/are true concerning the diagnosis and management of is patient

a. Urgent laparotomy should be performed because of concern for arterial mesenteric embolus
b. The correct diagnosis could likely be made by CT scan and operation avoided
c. The status of her anticoagulation has no role in the management of the illness
d. if untreated, hemodynamic instability is common
e. Diagnostic laparoscopy is of limited value in this condition

Ans:a

Q. 53 Which of the following statements concerning intraperitoneal fluid collections are correct?

a. Ascites occurs when either the peritoneal fluid secretion rate increases or the absorption rate decreases
b. Accumulation of lymph within the peritoneal cavity usually results from trauma as tumor involving the intra-abdominal lymphatic structures.
c. Choleperitoneum (intraperitoneal bile) generally occurs following biliary surgery, but spontaneous perforation of the bile duct has been reported
d. The most common cause of hemoperitoneum is trauma to the liver or spleen.
e. All of the above

Ans:e

Q. 54 The following statement about peritonitis are all true except:

a. Peritonitis is defined as inflammation of the peritoneum
b. Most surgical peritonitis is secondary to bacterial contamination
c. Primary peritonitis has no documented source of contamination and is more common in adults than in old
d. Tuberculous peritonitis can present with or without ascites.
e. None of the above

Ans:

Q. 55 Acute appendicitis is most commonly associated with which of the following signs?

a. Temperature above 104 F.
b. Frequent loose stools
c. Anorexia, abdominal pain, and right lower quadrant tenderness
d. White blood cell count greater than 20,000 per cu, mm
e. Normal pulse rate of 72 beats per minute

Symptom	Score
Migratory RIF pain	1
Anorexia	1
Nausea and vomiting	1
Signs	
Tenderness (RIF)	2
Rebound tenderness	1
Elevated temperature	1
Laboratory	
Leucocytosis	2
Shift to left	1
Total	10

Ans:c

Q. 56 The diagnosis of acute appendicitis is most difficult to establish in

a. Persons aged 60 and older
b. Women aged 18 to 35
c. Infants younger than 1 year
d. Pregnant women
e. Immunocompromised patients

Ans:d

Q.57 Bilious vomiting in neonates is seen in?

a. Gastroesophageal reflux
b. biliary atresia
c. hypertrophic pyloric stenosis
d. malrolation of midgut with volvulus
e. Over feeding

Ans:d

Q.58 A one month old baby has a swelling in the right groin, which becomes prominent on crying The baby also cries a lot at night. Can you explain?

a. It could be a hydrocele, and contains water, which will settle.
b. It could be a hernia, and should be operated upon.
c. It could be the cause of crying, as such swellings can be painful.
d. It is just air causing the swelling, and can be treated by colic drops.
e. It could be caused by constipation and hard stools.

Ans:b

Q.59 A 3 day old baby has been brought with history of failure to pass meconium since birth. The abdomen is distended, with x ray showing a hugely dilated colon. DRE shows normal anal opening, but there is a gush of meconium on withdrawing the finger. It is:

a. usually treated by colostomy initially
b. "best diagnosed in the newborn period by barium enema
c. characterized by the increase in ganglion cells in the rectal biopsy .
d. associated with a high incidence of genitourinary tract anomalies
e. usually diagnosed in mothers of gestational diabetes

Ans:d

Q.60 A mother has brought a 1 year old baby who has an empty scrotum on the left side. The right side looks normal. You tried to feel the left groin but nothing is felt on repeated examinations. For this baby?

a. Surgery may not be required
b. It is important to do two or three ultrasounds to reach a diagnosis.
c. MRI is an essential investigation.
d. Laparoscopy will be indicated If the testis is not felt under GA.
e. Ask the mother to avoid using pampers as much as possible.

Ans:d

Q. 61 Neonates, when presenting with surgical or medical problems, correct the H's. These include:

a. Hyperthermia, hypoxia, hypotonia.

b. Hypoxia, hypothermia hypoglycemia
c. Hypoxia, hypotonia, hypotension
d. Hypoxia hypoglycemia, hyperthermia
e. Hypertension, hypercalcemia, hyperglycemia

Ans:b

Q.62 Regarding esophageal carcinoma, which of the following conditions is not premalignant?

a. **Achalasia**
b. Barret's esophagus
c. Esophageal candidiasis
d. Pharyngeal (Zenker's) diverticulum
e. Stricture following corrosive ingestion

Ans:a

Q. 63 A 58-year-old male who has had a previous total gastrectomy presents with tingling in his arms and legs, and pallor. Blood complete picture shows microcytic anemia. What is the most likely cause of his symptoms?

a. Calcium deficiency
b. Folate deficiency
c. Iron deficiency
d. Post Qastrectomy syndrome
e. Vit B12 deficiency

Ans:c

Q. 64 Which of following is the most commonly confused with appendicitis in children,

a. Meckel's diverticulitis
b. Mesenteric adenitis
c. Pelvic inflammatory disease
d. Acute gastroenteritis
e. Acute gastritis

Ans:b

Q. 65 Splenectomy is often indicated in the management of which of the following

a. Hereditary spherocytos
b. Hereditary thrombocytopenia
c. Aplastic anaemia
d. Sickle cell anaemia
e. Hashimoto's disease

Ans:a

Q. 66 In a male neonate with complete ectopia vesicae, which one is not a part of clinical feature: -

a. A defect in the abdominal wall
b. Hypospaedia Visible ureteric orifices

c. An associated para umbilical hernia
d. Absence of an umbilicus

Ans:d

Q. 67 In congenital Atresia of oesophagus with tracheosphageal fistula following is seen in majority of cases

a. Upper segment communicate with the trachea
b. Lower segment communicate with the trachea
c. Both segment communicate with the trachea
d. Both segment end blindly
e. None of the above

Ans:b

Q. 68 A 4 years old boy presents with sudden severe pain in the scrotum. On examination the right side of scrotum is red, swollen and very tender. Testis is lying a bit high in scrotum. The most likely diagnosis is:

a. Epididymitis
b. Haematocele
c. Torsion of the test
d. Obstructed inguinoscrotal hernia
e. Testicular tumor

Ans:c

Q. 69 What is the most appropriate treatment in 45 year old, physically as having periampuilliary cancer with no metastasis?!

a. Whipple procedure
b. Palliation only
c. External radiotherapy
d. Stent and chemotherapy

Ans:a

Q. 70 Which is not a good surgical treatment option in patients with Crohn's disease

a. Restorative proctocolectomy with ileoanal pouch
b. Stricturoplasty
c. Segmental resection
d. Colectomy with anastomosis

Ans:

Q. 71. Histopathology report after Appendicectomy for acute appendicitis shows carcinoid tumor near the tip. Which is not correct about this poticat?

a. It rarely metastasites
b. Appendicectomy is an effective treatment option
c. Right hemicolectomy should be carried out
d. Mostly involves distal third of appendix

Ans:c

Q. 72 A 52-year-old man has been drinking up to 30 units of alcohol per week and has longstanding epigastric pain. He has had multiple admissions to hospital with pain. He is admitted with further epigastric pain, mild epigastric tenderness, a white cell count of 7 x 109/L, and an amylase of 1021. Which is the single most likely diagnosis?

a. Acute pancreatitis
b. Biliary colic
c. Chronic pancreatitis
d. Hiatus hernia
e. Intestinal ischaemia

Ans:a

Q. 73 A 43-year-old man is referred by his GP with ongoing abdominal pain, vomiting, and a persistent raised temperature several weeks after an episode of acute pancreatitis. There is a palpable upper abdominal mass Which is the single most likely diagnosis?

a. Abdominal aortic aneurysm
b. Carcinoma of the pancreas
c. Empyema of the gallbladder
d. Pseudocyst of the lesser sac
e. Small bowel obstruction

Ans:d

Q. 74 A 62-year-old man has an adenocarcinoma of the head of the pancreas at the ampulla of water. There is no evidence of distant disease and no obvious loco-regional involvement on CT scanning. He is considered for potentially curative treatment. Which is the single most appropriate operation for him to be offered?

a. Cholecystectomy
b. Distal pancreatectomy
c. Gastrojejunostomy
d. Pancreaticoduodenectomy
e. Radical gastrectomy

Ans:d

Q. 75 Surgery is not the preferred option of treatment in which of the following cases

a. A diffuse toxic goiter
b. Severe manifestations of Graves ophthalmopathy
c. Euthoroid goiter with medication without local compressive symptoms
d. Pregnant mothers not adequately controlled with medications
e. Solitary thyroid nodule

Ans:e

Q. 76 Biochemistry hypothyroidism can be associated with all except

a. Hyponatraemia
b. Hypolipidaemia

c. Thyroid peroxidase (TPO) autoantibodies
d. Raised TSH
e. Sluggish reflexes

Ans:b

Q. 77 A 40-year-old female presented with pain in right hypochondrium pain for 2 days. Ultrasound shows oedematous distended gall bladder with multiple stones. CBD is dilated with suspicion of calculus in lower end of CBD. The most appropriate treatment is

a. Cholecystectomy and choledocohoduodenostomy
b. Elective Laparoscopic cholecystectomy
c. ERCP retrieval of CBD stone followed by lap cholecystectomy
d. Laparoscopic cholecystectomy within 48 hrs
e. Open cholecystectomy

Ans:c

Q. 78 A 45-year-old man complains of burning epigastric pain that wakes him up at night. The pain increases after eating and he is using over the counter antacids and H2 blockers. Diagnosis is best confirmed by

a. Barium meal examination
b. Capsule endoscopy
c. Serum gastrin levels
d. Upper GI endoscopy
e. Urea breath test

Ans:d

Q. 79 A 27-year-old male presented in ER with acute central abdominal pain of one day pain was colicky in nature he was having vomiting and had not passed stool or flatus for 12 hrs, on examination pulse was 112 minute and blood pressure 105/60 mmhg abdomen was slightly distended soft and tender all over bowel sounds were exagerrated the most likely diagnosis is.

a. Acute cholecystitis
b. Acute intestinal obstruction
c. Acute mesenteric ischaemia
d. Acute pancreatitis
e. Doudenal perforation

Ans:b

Q. 80 A 36-year-old-male presented with acute severe central abdominal pain of 10 hours duration radiating to back. He vomited twice and was unable to pass flatus on examination pulse was 116/minute and blood pressure 100/60 mmhg his abdomen was slightly distended, tenderness and guarding with absent bowel Sounds serum lipase was 2110 and serum amylase 2504 ul. What is the most likely diagnosis?

a. Acute cholecystitis
b. Acute intestinal obstruction

c. Acute mesenteric ischaemia
d. Acute pancreatitis
e. Duodenal perforation

Ans:d

Q.81 A 2 year old boy presents with a reducible hernia, under 2 cm diameter. This is best managed by:

a) Immediate surgery and repair by mesh
b) Periodic observation and evaluation
c) Immediate surgery and repair without mesh
d) Laparoscopic repair

Ans:b

Q.82 At surgery for right inguinal hernia, a 72 year old man is found to have a hernia sac that is not independent of the bowel wall. The cecum forms part of the wall of the sac. Such hernia is referred as:

a) Richter's
b) Interstitial
c) Sliding
d) Incarcerated

Ans:a

Q83. What is true of Spigelian hernia?

a) It involves part of the circumference of the bowel wall
b) It always contain appendix
c) It occurs exclusively in males
d) It occurs at the lateral edge of linea semilunaris

Ans:

Q84. A 70 year old woman presents with tender irreducible mass immediately below and lateral to the pubic tubercle. Plain abdominal X-ray shows intestinal obstruction. What is the likely diagnosis?

a) Adhesions
b) Strangulated inguinal hernia
c) Strangulated femoral hernia
d) Large bowel carcinoma

Ans:c

Q85. A 45 year old man complains of burning epigastric pain that wakes him up at night. The pain is relieved by eating or using antacids and H2 blockers. Diagnosis is best confirmed by:

a) Serum gastrin levels
b) Upper GI endoscopy and biopsy
c) Barium meal examination
d) Upper endoscopy

Ans:b

Q86. A 63 year old woman is admitted with severe abdominal pain of 3 hour duration. Abdominal examination reveals rigidity, guarding and rebound tenderness. Her BP is 90/50 mmHg, pulse 110 bpm and RR is 30 breaths/min. After thorough history and physical examination, and initial fluid resuscitation, what diagnostic study should be performed?

a) Upright chest X-ray
b) Gastrograffin swallow
c) CT abdomen
d) Abdominal USG

Ans:a

Q87. A 46 year old man has a long history of gastroesophageal reflux disease. His barium study shows an irregular, ulcerated area in the lower third of his esophagus. There is marked mucosal disruption and overhanging edges. What is the likely diagnosis?

a) Benign esophageal stricture
b) Squamous CA esophagus
c) Adenocarcinoma of esophagus
d) Sliding hiatal hernia

Ans:c

Q88. A 25 year old male develops diarrhea and colicky abdominal pain. Ulcerative colitis is diagnosed on colonoscopy. Which of the following findings is consistent with the diagnosis?

a) The rectum is not involved
b) The disease is confluent with no skip lesions
c) Full thickness of bowel is involved
d) Incidence of colorectal CA is equal to that of general population

Ans:b

Q89. Complication of diverticulitis includes:

a) Carcinoma colon
b) Extraintestinal manifestations
c) Fistulisation to adjacent organs
d) Sclerosing cholangitis

Ans:c

Q90. A 30 year old male is diagnosed with Peutz Jeghers syndrome. Which finding is consistent with it?

a) Adenomas
b) Hamartomas
c) Villotubular polyps
d) Villoglandular polyps

Ans:b

Q91. On examination, patient presenting with appendicitis typically show maximal tenderness over which of the following?

a) Inguinal region
b) Immediately above umbilicus
c) At a point between the outer one-third and inner two-third of line joining anterior superior iliac spine and umbilicus
d) At a point between the outer two-third and inner one-third of line joining anterior superior iliac spine and umbilicus

Ans:c

Q92. A 74 year old man complains of epigastric discomfort. There is no evident jaundice but an enlarged gall bladder is palpated. Bilirubin and ALP are raised. What is the most likely tumor causing extrahepatic obstructive jaundice?

a) Gallbladder
b) Head of pancreas
c) Periampullary
d) Cystic duct

Ans:b

Q93.A 48 year old female presents with jaundice. Radiological findings confirm sclerosing cholangitis. She gives long history of diarrhea for which she has received steroids on several occasions. She is likely to suffer from:

a) Pernicious anemia
b) Ulcerative colitis
c) Celiac disease
d) Liver cirrhosis

Ans:b

Q94. Surgeons define triangle of Calot during cholecystectomy. Which structure courses through this triangle?

a) Left hepatic artery
b) Right hepatic artery
c) Cystic artery
d) Portal vein

Ans:c

Q95. Which of the following is not a parameter to assess the severity of acute pancreatitis in either Ranson or Glasgow score?

a) White cell count
b) Serum amylase
c) Serum calcium
d) Blood urea

Ans:b

Components of Glasgow score for pancreatitis (PANCREAS)	
P	PaO2 (<8kPa)
A	Age (>55)
N	Neutrophilia (WCC > 15 x 109/L)
C	Ca2+ (<2mmol/L)
R	Renal function (urea >16mmol/L)
E	Enzymes (LDH >600 iu/L or AST >200 iu/L)
A	Albumin (<32g/L)
S	Sugar (blood glucose >10mmol/L)

Ranson's Criteria

Criteria for acute pancreatitis not due to gallstones

At admission	*During the initial 48 h*
Age >55 y	Hematocrit fall >10 points
WBC >16,000/mm³	BUN elevation >5 mg/dL
Blood glucose >200 mg/dL	Serum calcium <8 mg/dL
Serum LDH >350 IU/L	Arterial Po_2 <60 mm Hg
Serum AST >250 U/dL	Base deficit >4 mEq/L
	Estimated fluid sequestration >6 L

Criteria for acute gallstone pancreatitis

At admission	*During the initial 48 h*
Age >70 y	Hematocrit fall >10 points
WBC >18,000/mm³	BUN elevation >2 mg/dL
Blood glucose >220 mg/dL	Serum calcium <8 mg/dL
Serum LDH >400 IU/L	Base deficit >5 mEq/L
Serum AST >250 U/dL	Estimated fluid sequestration >4 L

Q96. Which of the following statements regarding the Gustillo and Anderson classification of fractures is not true?

a. It applies only to the soft tissues
b. It relies primarily on the length of any laceration.
c. It is influenced primarily by the energy involved.
d. It takes account of whether or not there is soft-tissue cover of fractured bone.
e. It takes account of contamination.

Ans:

Q97. A 45 years old male presented with bleeding per Rectum Digital Rectal Examination as unremarkable , Colonoscopy showed a polypoid mass in the rectum about 8 cms of anal verge Biopsy confirmed it to be adenocarcinoma What operative procedure would you plan

a. Polypectomy
b. Total proctocolectomy
c. Abdominoperineal resection
d. Left hemicolectomy
e. Anterior resection

Ans:e

Q98. Which of the following is not a treatment option for hemorrhoids

a. Lateral sphincterotomy
b. Rubber band ligation
c. Stapled hemorrhoidectomy
d. Milligan Morgan technique
e. Injection of phenol in almond oil

Ans:a

Q-99 A 40 year old multiparous woman was diagnosed with hernia which of the follow likely in her case is?

a. Indirect inguinal hernia
b. Lumbar hernia
c. Umbilical or paraumblical hernia
d. Direct inguinal hemia
e. incisional hernia

Ans:c

Q-100 A 49 year old male was diagnosed with inguinal hernia, which of the following is not a complication an inguinal hernia?

a. irreducibility
b. Inflammation
c. Strangulation
d. Obstruction
e. Bleeding

Ans:e

Q-101 A 35-year-old female who had a laparoscopic cholecystectomy 2 days ago is brought to AE with increasing abdominal pain and distension. On examination she is very unwell and abdomen shows signs of peritonitis. What is the most likely diagnosis?

a. Bowel perforation
b. Major vessel injury
c. Port-site bleeding
d. Deep Vein thrombosis (DVT)/pulmonary embolism (PE)
e. Referred pain

Ans:a

Q-102 A 40-year-old female who underwent a laparoscopic cholecystectomy the previous day complains of pain over her right shoulder, She is otherwise stable and her abdomen is soft and non-tender. What is the most likely diagnosis?

a. Sub-hepatic abscess
b Bowel perforation
c. Major vessel injury
d. Port-site bleeding
e. Deep vein thrombosis (DVT)/pulmonary embolism (PE)

Ans:a

Q- 103 A 32-year-old female had an uneventful diagnostic laparoscopy 4 h previously. The nurses observe that the dressings are getting soaked with blood despite repeated changing. The woman is tachycardic but otherwise okay. The abdomen is soft and not distended what is the most likely diagnosis?

a. Bowel perforation
b. Major vessel injury
c. Port-site bleeding
d. Deep Vein thrombosis (DVT)/pulmonary embolism (PE)
e. Port-site hernia

Ans:c

Q-104 Early rectal cancer is best described by?

a. Bariem studies have high diagnostic yield
b. It has low 5-year survival rate (15-20 %)
c. It is limited to mucosa and submucosa
d. Surgery has no role in treatment

Ans:c

Q-105 Umbilical hernia in newborn is best described by?

a. if not operated immediately obstruction is very common
b. will not dose spontaneously
c. Surgery is best performed at 6 months of age
d. is likely to dose spontaneously

Ans:

Q-106 A 2-year-old boy has swelling in the inguinal region and is diagnosed case of inguinal hernia. What is the treatment plan?

a. Mesh repair
b. Conservative treatment
c. Herniotomy
d. Shouldice repair

Ans:c

Q-107 A 52-year-old man is informed that he has a benign growth in colon and that the leison does not predispose to colon cancer, what is the lesion he has?

a. Adenoma in familial polyposis
b. Ulcerative colitis
c. Villous adenoma
d. Hyperplastic polys
e HNPCC

Ans:c

Q-108 An otherwise healthy, 60-year-old male has been advised to undergo surgical treatment for left inguinal hernia. Which of the following are acceptable standards of repair ?

a. Surgical repair under general anesthesia
b. Hernioplasty with placement of mesh

c. Surgical exploration of the contralateral groin to search for an occult hernia and to remove it before a hernia develops
d. The patient should be advised to wear a truss postoperatively, in order to reduce the incidence of recurrence

Ans:a

Q-109 A 15-year-old female presents with RUQ abdominal pain. Workup reveals a Choledochal cyst. Which of the following statements is True?

a. Choledochal cysts are more common in men
b. Laparoscopic cholecystectomy is the recommended treatment
c. Patient with a cholecdoctal cyst have an increased risk of cholangiocarcinoma
d. The patient Choledochal cyst have abdominal pain, a RUQ pain

Ans:c

Q-110 What is the most appropriate treatment in 45 year old, physically fit as having perampullary cancer with no metastasis?

a. Whipple procedure
b. Palliation only
c. External radiotherapy
d. Stent and chemotherapy

Ans:a

Q-111 A 24 years old man is brought in A&E from a bar intoxicated, vomiting and complaining of severe upper abdominal and retrosternal chest pain. He started vomiting 2 hours after a spicy meal. On examination his pulse was 130/ minute, respiratory rate 30/minute and blood pressure 90/60 mm Hg What is the diagnosis?

a. Acute Cholecystitis
b. Acute Pancreatitis
c. Boerhaave;s Syndrome
d. Perforated Peptic Ulcer
e. Ruptured Aortic Aneuryam

Ans:c

Q-112 In perforation of a peptic ulcer

a. Women are affected more than man
b. The incidence is highest over 45 years of age
c. Perforation usually occurs on the anterior surface of stomach
d. usuall occurs after 45 years
e. The patient is restless

Ans:e

Q-113 A 32 years male has been recently diagnosed as a case of ulcerative colitis Medical treatment is planned to be started. Which of the following drugs is not used in the treatment of ulcerative colitis?

a Isoniazid
b. Prednisolone

c. 5-aminosalicylic acid derivatives
d. Cyclosporin
e. Steroid enemas
Ans:a

Q-114 A 45 years old male presented male presented with bleeding per rectum Digital Recal Examination was normal colonoscopy showed a polypoid mass in the rectum about 8 cms of anal verge biopsy proved to be adenocarcinoma. What operative procedure would you plan.

a. Polypectomy
b. Total proctocolectomy
c. Abdominoperineal resection
d. Left hemicolectomy
e. Anterior resection
Ans:e

Q-115 An 82-year-old man has a diagnosis of inoperable cancer of the head of the pancreas. He has developed jaundice over the last 5 days and is symptomatic with pruritus. An abdominal ultrasound scan confirms dilated common and intrahepatic bile ducts Which is the single most suitable means of palliation for his pruritis and jaundice?

a. Chlorpheniramine PO
b. Choledochojejunostomy
c. Endoscopic retrograde cholangiopancreatography (ERCP) and internal stent
d. Naloxone IV
e. Percutaneous transhepatic external drain
Ans:c

Q-116 A 45-year-old woman has a 24 h history of sudden onset of constant epigastric pain radiating to the back with nausea. There is central and upper abdominal tenderness. The amylase is 1642 IU. Which is the single most likely aetiology for the presenting condition?

a. Alcohol
b. Combined oral contraceptive pill
c. Gallstones
d. Hyperlipidaemia
e. Systemic viral infection
Ans:c

4. ORTHOPEDICS, SPINE AND NEUROSURERY

Q. 1 A 24 years' male came with complaints of pain in the right wrist since fall 2 weeks ago, which was aggravated on wrist dorsiflexion. On examination, he is tender in the anatomic snuffbox. A radiograph reveals a suspicious hairline fracture of the proximal one-third of scaphoid. Which one of the following is the most appropriate management at this time?

a. A bone scan
b. Physical therapy referral
c. Closed manipulation of the wrist
d. A scaphoid plaster
Ans:d

Q. 2 A young man aged 22 years fell on an outstretched hand and sustained fracture of the lower radius. He was diagnosed as moderately comminuted Colle's fracture with opening up of distal radio ulnar joint. The best treatment in this case is

a. Open reduction and plating
b. Closed reduction and K wire fixation
c. Velcro wrist bracing
d. Closed reduction and Plaster support
Ans:b

Q. 3 Most common cause of low back pain is

a. Muscular
b. Skeletal
c. Discogenic
d. Non-specific
Ans:a

Q. 4 . A severely traumatized patient is seen in emergency who does not open his eyes even to pain, withdraws to painful stimuli and makes incomprehensible sounds. What is his GCS?

a. 4
b. 5
c. 6
d. 7

Behaviour	Response
Eye Opening Response	4. Spontaneously 3. To speech 2. To pain 1. No response
Verbal Response	5. Oriented to time, person and place 4. Confused 3. Inappropriate words 2. Incomprehensible sounds 1. No response
Motor Response	6. Obeys command 5. Moves to localised pain 4. Flex to withdraw from pain 3. Abnormal flexion 2. Abnormal extension 1. No response

Q. 5 Cushings response to head injury is characterized by which of the followine?

a. Hypertension, Tachycardia
b. Hypotension, Tachycardia
c. Hypotension, Bradycardia
d. Hypertension, Bradycardia

Ans:d

Q. 6 A Trauma patent with closed head injury is managed in an ICU. His intra cranial pressure rises precipitously. An acute rise in ICP is characterized by:

a. Decreased BP
b. Tachycardia
c. Papilledema
d. cranial nerve palsy

Ans:c

Q. 7 A 35 year old woman presents with complaints of loss of peripheral vision and galactorrhea. Her MR Shows a mass in supra sellar region. What is most likely diagnosis?!

a. Optic glioma
b. Pituitary adenoma
c. Ponting hemorrhage
d. Multiple Sclerosis plaque

Ans:b

Q. 8 Most common cause for spinal injury in the world is:

a. Motor vehicle accidents
b. Falls
c. Assault
d. Sports

Ans:a

Q. 9 What do we mean by the term "paraplegia"?

a. There is paralysis of one half of body
b. There is paralysis of only lower limbs
c. There is paralysis of only upper limbs
d. There is more pronounced weakness of upper limbs than lower limbs

Ans:b

Q. 10 Which of the following is early sign of compartment syndrome ?

a. Absent distal pulses
b. Pain on passive extension of involved muscles
c. Absent reflexes
d. Paresthesia's

Pain with certain movements, particularly passive stretching of the muscles, is the earliest clinical indicator of compartment syndrome.

Ans:b

Q. 11 A building construction worker fell down from 20 feet height and sustained fracture right humeral shaft. Which of the following nerve is most likely at risk?

a. Median Nerve
b. Radial Nerve
c. Posterior Interosseous nerve
d. Ulner Nerve
e. Nerve to Serratus Anterior

Ans:b

Q. 12 The most common dissection for symptomatic herniation of a lumbar intervertebral disc is

a. Posteriorly
b. Posterolaterally
c. Anteriorly
d. Anterolaterally
e. Intraforaminally

Ans:b

Q. 13 During secondary survey a 25 years old man is found to have lacerated wound with a depressed fracture in frontal region of skull. Which of the following statements is true:

a. Compound depressed fractures are those in which skull is fractured and underlying brain is lacerated.
b. Most of the depressed fracture requires urgent surgical treatment
c. Compound depressed fractures require urgent surgical treatment
d. Any skull bone fragment displaced inward should be elevated surgically

Ans:c

Q.14 Which of the following statement regarding meningiomas is true?

a. They are usually malignant.
b. 20 per cent are supratentorial.
c. They can cause cytotoxic brain edema,
d. The recurrence rate after resection is approximately 80 per cent.
e. They are often slow-growing

Ans:e

Q. 15 Which of the following statement is false regarding cerebral abscess?

a. They can be caused by direct spread from an air Sinus infection
b. They can be blood-borne (secondary tosepticaemia)
c. They are a recognised complication of subacute bacterial endocarditis
d. There is an increased risk in patientswith cyanotic congenital heart disease
e. Mixed anaerobic and aerobic organisms are uncommon

Ans:d

Q. 16 A 35 female patient was brought in trauma center with impaired conscious level following head injury in an RTA. She opens her eye stimulus by painful stimulus, withdraws with all of her extremities and makes incomprehensible sounds. What is her Glasgow Coma scale score?

a. 3
b. 6
c. 8
d. 10
e. 13

Ans:c

Q. 17 A motor bike rider was brought in A&E after collision with motor vehicle. Examination revealed an unstable pelvis and blood at urethral meatus. Which of the following is not advised in such

a. Suprapubiccystostomy
b. Foley catheterization
c. Digital rectal examination
d. CT Scan
e. IV Line

Ans:b

Q. 18 A 20 year old unstrained man met an RTA while car collided with an electric pole and he sustained significant head and facial trauma. Which of the following is the most common initial manifestation of increased intracranial pressure?

a. Change in level of consciousness
b. Ipsilateralpapillary dilatation
c. hypotension
d. hypertension
e. Tachycardia

Ans:a

Q.19 A patient is found to have an unstable cervical spine injury, with bifacet dislocation. He has apartial neurological deficit (Frankel C).What is the optimum treatment?

a. Stiff collar
b. Traction via a halo
c. Open reduction and internal fixation
d. External fixation
e. Conservative management

Ans:c

Q. 20 A 20 year army football player, complains that from time to time his leg will not straighten and he has to jiggle it until it frees up What would be diagnostic test to confirm this type of injury?

d. Lachmann's test
b. Posterior sag test
c. MacMurray's test
d. Standard X-rays of the knee
e. MRI Knee joint

Ans:e

Q. 21 A middle aged lady presented with pain and tingling radial side of her right hand. Her symptoms aggravated at night and clinical examination revealed thenar eminence wasting What is most likely diagnosis?

a. Dupuytren's contracture
b. De Quervain's disease
c. Carpal Tunnel syndrome
d. Guyon's tunnel syndrome
e. Radial nerve injury

Ans:c

Q. 22 Which muscle compartment of leg is most commonly affected in compartment syndrome?

a. Anterior tibial compartment
b. Superficial posterior compartment
c. Deep posterior compartment
d. Lateral Compartment
e. All of above

Ans:a

Q. 23 A 20 years female athlete reported with pain fore foot. Xray revealed fracture neck of second metatarsal bone.Which of the following is true for stress fracture:

a. They are uncommon in athletes
b. More common in men than women
c. Best managed by rest from causative activity for 4-6 weeks
d. Best managed by cessation of all sports activity for 4-6 months
e. They get worse by rest

Ans:c

Q. 24 An 18-year-old white male comes to your office complaining of pain in the right wrist since falling 2 weeks ago. On examination, he is tender in the anatomic snuffbox. A radiograph reveals a fracture of the proximal one third of the carpal navicular bone (scaphoid). Which one of the following is most appropriate management at this time?

a. A bone scan
b. Closed manipulation at the wrist
c. A short arm cast
d. A scaphoid plaster

Ans:d

Q. 25 An army recruit complains for 3 months of pain induced by activity, often arising at a particular point in the training session. The pain is located at the anterior aspect of the lower leg with pain during stretch of the toe and ankle dorsal flexors in inversion. There is a slight weakness in the tibials anterior and Extensor digitorum longus muscles. There is also some numbriess in the dorsal first metatarsal area and of the X ray of the lower leg is normal. At this stage which of the following investigations is indicated

a. Arteriography of the lower extremity
b. Radio isotope bone scan of the lower extremity
c. Anterior tibia compartment pressure measurement
d. MRI of the lower leg

Ans:c

Q.26 A young man aged 22 years fell on an outstretched hand and sustained fracture of the lower radius. He was diagnosed as moderately comminuted Colle's fracture with opening up of distract radict ulnar. The best treatment in this case is

a. Open reduction and plating
b. Closed reduction and K wire fixation c
c. Velcro wrist bracing
d. Closed reduction and Plaster support

Ans:

Q. 27 A 39 year old woman presents for treatment of a swollen foot. Her foot is not painful, and has been swollen for 2 weeks. The patient walked into the office without any assistance. On examination, she is afebrile and the foot is swollen and warm. The patient does not have protective sensation in the foot and she denies a history of trauma or insect bit. She does not have a clinically relevant medical history but a strong parental history of diabetes. Which of the following tests will be most useful indetermining the etiology of her condition?

a. Hemoglobin A1C
b. Oral glucose tolerance test
c. Serum Uric acid
d. X ray

Ans:a

Q. 28 A 45-year-old lady is brought to emergency bay with a history of fall from height She opens her eyes on painful stimulus, localizes pain and utters inappropriate words. Her GCS is?

a. 7
b. 8
c. 9
d. 10

Ans:d

Q. 29 A 21-year-old male presents to the ED after sustaining a sunshot wound to the neck Afterevaluation it isdetermined that he has C6quadriplegia Which of the following activitieswill be limited by this injury?

a. elbow extension
b. elbow flexion
c. shoulder flexion
d. shoulder abduction

Ans:b

Q. 30 Which Risser grade is an indicator of skeletal maturity in boys

a. Risser 1
b. Risser 2
c. Risser 3
d. Risser 4
e. Risser 5

Ans:b

Q. 31 Most common form of vertebral column involvement of pyogenic spinal infection is

a. Central
b. Posterior elements
c. Vertebral endplates and disc space
d. Epi-dunal
e. Paraspinal

Ans:c

Q.32 Hong-Kong operation involves?

a. Drainage of spinal TB abscess
b. Debridement for spinal TB
c. Radical debridement for spinal TB
d. Radical debridement with strut grating for spinal TB
e. Radical debridement, grafting and anterior instrumentation for spinal TB

Ans:

Q.33 Negative Bulbocavernous reflex means

a. There is no spinal cord injury
b. Spinal cord injury is complete
c. Spinal cord injury is incomplete
d. Patient is In spinal stock
e. Patient has recovered from spinal shock

Ans:b

Q. 34 A 17 years old boy presented with pain and tenderness over the middle of arm revealed a fracture of the shaft of humerus with radial nerve injury. X-rays reveals oblique fracture of humerus. The best way to treat this injury is

a. Closed reduction and hanging cast
b. Closed reduction and external fixation
c. Open reduction nerve exploration and lag compression and plating
d. Intramedulisy nailing and nerve exploration
e. U slab and sling

Ans:c

Q. 35 Patient has Frankel grade B when there are?

a. Normal sensory and motor functions

b. Sensations present with no motor function
c. Sensations present th useful but less than normal power
d. No motor or sensory functions

Ans:b

Frankel grading	Description
A	Complete motor and sensory loss
B	Complete motor loss, incomplete sensory loss
C	Incomplete motor loss without practical use
D	Incomplete motor loss, able to ambulate with or without walking aids
E	Free of neurological symptoms

Q. 36 When classifying ligament injuries, Grade 1 injury is?
a. Partial disruption of fibers, soft clinical end point
b. No increase in joint laxity but tenderness around ligament
c. Normal clinical examination
d. none

Ans:b

Q. 37. A patient has presented in emergency after road traffic accident. He opens his eyes to painful stimulus, flexes to painful stimulus and is uttering incomprehensible sounds. What is his GCS?
a. 7
b. 8
c. 9
d. 10

Ans:a

Q. 38. A patient has been brought in emergency with history of being hit with a rod in right temporal region. He had brier history of loss of consciousness and later regained consciousness. But is now confused and semicomatosed What is most likely diagnosis?
a. Acute subdural Haematoma
b. Extra-Dural Haematoma
c. Traumatic Sub-arachnoid Haematoma
d. Cereberal Concussion

Ans:a

Q. 39 A 70 year old woman with end-stage Alzheimer's disease, Diabetes mellitus and Ischemic heart disease is brought to emergency with 3-days episode of increasing confusion, agitation and inappropriate behavior. She is on

anticoagulants. She also reports history of frequent falls in home in the near past. What is your most likely diagnosis?
a. Normal pressure hydrocephalus
b. Chronic subdural haematoma
c. Acute Extra Dural haematoma
d. Senile Dementia

Ans:b

Q. 40. Which of the following is used to prevent neural tube defects in pregnancy?
a. Methycobal
b. Folic Acid
c. Vit-E Supplements
d. FeSO4

Ans:b

Q. 41. 52 year old women presents with tonic-clonic fits. She is neurologically intact. CT scan brain reveals a ring-enhancing lesion in parietal lobe. Which of the following is unlikely diagnosis:
a. GBM
b. Metastasis
c. Abscess
d. Lymphomas

Ans:a

Q. 42. Salter Harris fractures are
a. Of 5 types
b. Should be treated urgently
c. Are seen in children
d. Bone growth can be effected
e. Never need open reduction

Ans:c

Q. 43. Important steps of first aid in fracture management include:
a. ATLS (ABCD)
b. Pain relief
c. IV fluids d. Blood transfusions
d. Splintage
e. All

Ans:e

Q. 44. The most dreaded complications of fractures include all except:
a. Deep vein thrombosis
b. Skin ulceration
c. Fat embolism
d. all

Ans:b

Q. 45. Common sources of infection after fracture fixation includes all except:

a. Environment - OT, Air
b. Fomites - Instruments, drapes Implants
c. Personnel - Surgeon, Assistants, Anesthetist
d. Attendants
e. Skin commensals

Ans:e

Q. 46. Relative stability requires all except:

a. preservation of blood supply
b. acceptable reduction
c. immobilization
d. controlled movement
e. articular fracture

Ans:c

Q. 47. Open fractures should never be:

a. Left open
b. Debrided
c. Internally fixed
d. Washed
e. stabilized

Ans:c

Q. 48. The different patterns of fractures include except:

a. Transverse
b. Oblique
c. Comminuted
d. Spiral
e. Cone

Ans:e

Q. 49. In articular fractures all are true except:

a. Osteoarthritis can occur
b. Absolute stability is needed
c. Early fixation is not important
d. Nerve entrapment can occur
e. Implants should not stand proud

Ans:c

Q.50. The healing cone of fracture is headed by:

a. Chondroblasts
b. Osteoblasts
c. Hyaline cells
d. Osteoclasts
e. Callus

Ans:d

Q. 51. Signs of fracture dislocation include except:

a. Deformity or abnormal appearance
b. Pain and tenderness aggravated by movement
c. Loss of normal function
d. Joint is fully mobile
e. Swelling of the joint

Ans:d

Q.52. What item cannot be used for temporary fracture splinting?

a. Sticks
b. Tent poles
c. Rolled Newspapers
d. Ski/trekking poles
e. Rifles

Ans:c

Q53. In a torus fracture all is true except:

a. Occurs chiefly in the elderly
b. Does not occur in children.
c. Is a spiral fracture- of tubular bone.
d. Is a fracture where part of the cortex is intact and part is crumpled or cracked.

Ans:a

Q54. Spiral fracture is due to:

a. Blunt trauma.
b. Axial compression.
c. Twist
d. Direct impact

Ans:c

Q55. The single most important factor in fracture healing is:

a. Correct bone alignment.
b. Accurate reduction
c. Immobilization
d. Organization of clot.

Ans:b

Q56. Immobilization is required in fracture involving:

a. Scapula.
b. Wings of ilium.
c. tibia
d. Proximal humerus in elderly.

Ans:d

Q57. In case of interlocking nail all are true except:

a. A good implant for absolute stability
b. Breaks ea y

c. Does not disturb the fracture her atoma
d. Bears good weight if locked from both ends
e. Has anterior femoral curve.

Ans:

A pilon fracture is a type of break of the shinbone (tibia) that happens near the ankle. Most of the time, it includes breaks in both the tibia and fibula of the lower leg. The lower ends of these

Q57. A 25-year-old male has been detected having café au lait spots. Which of the following tumor is most commonly associated with café au lait spots?

a. Medulloblastoma
b. Acoustic schwannoma
c. Neurofibroma
d. Ependymoma

Ans:c

5. SKIN, THORACIC SURGERY, UROLOGY AND ANASTHESIA

Q. 1. A patient sustained a stab wound to his right chest one week ago and had a chest tube placed. Now he returns with fever, chest pain and shortness of breath. He may have which of the following conditions

a. Empyema
b. Pneumothorax
c. Pulmonary embolism
d. Endocarditis

Ans:a

Q. 2. An elderly debilitated person has a chronic Empyema and failed to respond to conventional closed thoracostomy treatment. What is the best treatment option for him.

a. Decortication
b. VATS
c. Thoracoplasty
d. Eloesser flap Clagett Window

Ans:b

Q. 3. A 69 yrs old male was involved in a serious RTA. He underwent multiple operations to fix his fractures and repair the liver laceration, he also suffered a hemothorax that was treated with chest tube drainage. Later he developed a stroke and was found to have developed right sided empyema. It is decided to perform an open pleural drainage procedure Which of the following is true about the clagett procedure.

a. Used for treatment of debilitated bed bound patients who cannot tolerate any other major surgical intervention
b. Is an option for stage 3 of empyema
c. Is a treatment of choice for 1" stage of empyema
d. Is a treatment of choice for 2" staye empyema

Ans:b

A Clagett thoracotomy is a three stage procedure performed for treatment severe empyema and involves the resection of a posterolateral lower rib and the formation of an open window in the lateral aspect of the chest to allow continuous drainage and irrigation of the cavity with antibiotic solution.

Cate-gory	Pleural space anatomy		Pleural fluid chemistry		Pleural fluid bacteriology	Risk of poor outcome	Drainage
1	Minimal, free-flowing effusion (<10 mm)	and	pH unknown	and	Gram stain and culture results unknown	very low	no
2	Small to moderate free-flowing effusion (≥10 mm and <½ hemithorax)	and	pH ≥7.20	and	negative Gram stain and culture	low	no
3	Large, free-flowing effusion (≥½ hemithorax), or loculated effusion, or effusion with thickened parietal pleura	or	pH <7.20	or	positive Gram stain and/or culture	moderate	yes
4	Empyema				pus	high	yes

Adapted from the American College of Chest Physicians' consensus statement on the Medical and Surgical Treatment of Parapneumonic Effusions [27]. Note that the presence of frank pus indicates need for drainage irrespective of pH.

Q. 4. A 12yrs old boy was involved in an RTA (trauma workup turned out to be negative). One month later he presented with fever vague chest pain and discomfort Auscultation reveals decreased air entry into the left lower base CECT scan chest was done which showed thick peel and loculated fluid Pleural tap showed thick peel and loculated fluid Pleural tap showed high cell count > 15000 Raised protein and glucose levels What is the next step in the management of this patient.

a. Ultrasound guided aspiration
b. Chest intubation
c. Bronchoscopy
d. Prepare for open thoracotomy and Decortication

Ans:b

Q. 5 A 22-year-old student presents with painless swelling limited to right scrotum, there is no cough impulse, testis is not palpable separately and transluitination test is positive. Most likely diagnosis is?

a. Testicular tumor
b. Inguinal hernia
c. Hydrocele
d. None of the above

Ans:c

Q. 6. 12 year old male met a road traffic accident and brought in emergency. He was hemodynamically stable. X ray chest revealed air fluid level left of lower chest and nasogastric be is, also seen there. The next step in management.

a. immediate Thoractomy
b. Chest intubation
c. Pleural tap
d. Diagnostic peritoneal lavage
e. Intravenous fluids antibiotics and observation

Ans:b

Q. 7. A patient loses sensation to light touch in his fingers three hours following a circumferential third degree burns at the wrist and elbow of Rt arm. The most appropriate treatment for this atient would be:

a. Warming of fingers
b. Immediate escherotomy
c. Doppler studies
d. Limb elevation only
f. Tight dressing

Ans:b

Q. 8. A second degree burn is characterised by which of the following

a. Coagulative necrosis extending to subcutaneous fat
b. Pearly white appearance
c. Anesthetic
d. Erythema and bullae formation
e. Requires immediate skin grafting

Ans:d

Thickness	Degree	Depth	Characteristics
Superficial	First	Epidermis	Pain, redness, mild swelling
Superficial Partial	Second	Dermis: Papillary region	Pain, blisters, splotchy skin, severe swelling
Deep Partial	Third	Dermis: Reticular region	White, leathery, relatively painless
Full		Hypodermis (subcutaneous tissue)	Charred, insensate, eschar formation

Q. 9. A 65 year old business executive has a basal cell carcinoma removed from the right cheek. What is true of basal cell carcinoma

a. it may show a flat ulcer
b. It may metastasise to lymph nodes
c. It may metastasise to remote skin areas
d. It is found exclusively in the head & neck
e. It is best treated by topical 5-FU

Ans:c

Q. 10. A 60 year old man sustains burn injury in a blast and found to have TBSA 30%. Patient is resuscitated with Ringer Lactate solution using Parkland Formula. How is volume of fluid calculated which needs to be administered in first 24 hours?

a. 4x % TBSA x weight
b. 1 x % TBSA x weight

c. 10 x %of TBSA x weight
d. 8 x % TBSA X weight
e. 9x% TBSA X Weight

Ans:a

Q. 11. A 55 years old man, farmer by profession, presented with a small superficial lesion on his nose Most likely diagnosis is:

a. Squamous cell carcinoma
b. Bowen's disease
c. Basal cell carcinoma
d. Chondroma
e. Melanoma

Ans:c

Q. 12 A patient with mixed thickness burns has his left upper and lower limbs and genitalia burnt with boiling water What is the total TBSA burnt as per wallace's rule of nine?

a. 9%
b. 18%
c. 28%
d. 36%

Ans:c

Q. 13 Minimum secondary contraction is observed in

a. Split thickness skin graft
b. Full thickness skin
c. Meshed Skin graft
d. After burn grafting

Ans:

Q. 14 A young boy after sustaining fracture of the humerus has wrist drop. His EMG /NCS test suggests it to be Neuropraxia. What clinical test is used to follow the progress of spontaneous nerve recovery

a. Homan's sign
b. chvostek sign
c. Tinel'ssign
d. Battle's sign

Ans:c

Q. 15 A 24 years old male patient underwent primary radial nerve repair sustained due to stab incision What is the average growth rate expected in post operative period?

a. 3cm per month
b. 1mm per day
c. All of above
d. 1 inch per month

Ans:b

Q. 16 A 48 year old lady is undergoing elective right hemicolectomy. Which of the following measures is most likely to reduce the incidence of intra-abdominal adhesion period?

a. Peroneal lavage with cetrimide following elective right hemicolectomy
b. use of a laparoscopic approach over open surgery
c. Use of talc coated surgical gloves

Ans:b

Q. 17 A 65 years old male presented with bleeding per rectum Colonoscopy revealed growth at the recto sigmoid junction CECT scan abdomen and pelvis revealed 6 cm tumor at recto sigmoid Junction with involvement of bladder wall and multiple para aortic lymph nodes enlargement. Histopathology confirmed it to be moderately differentiated Adenocarcimoma Stage of the tumor is

a. T3NIMO
b. T3NIM1
c. T3N2MO
d. TANIMC

Ans:c

Q.18 A 32-year-old man met a run over injury to abdomen during road side accident by a tractor trolley At the time of his arrival in trauma center he is conscious, pulse rate of 96/min and BP 105/70 mm of Hg His chest radiograph revealed air fluid levels in left chest. What is the best course of action in management of the patient?

a. CT scan chest and abdomen
b. Left sided chest tube intubation
c. Laparotomy
d. Pass an NG tube and observe

Ans:b

Q.19 A 38-year-old woman sustained a stab wound just below her right breast anteriorly. She has distended neckveins, severely dyspneic with absent right breath sounds Trachea is shifted to left. Most likely cause is?

a. Cardiac tamponade
b. Diaphragmatic rupture
c. Open pneumnothorax
d. Tension pneumothorax

Ans:d

Q. 20 Pleural fluid aspiration reveals a turbid fluid with a high neutrophil count. What would be the most apropriate Treatment for such a patient?

a. Chest intubation
b. Decortication
c. Video assisted thoracoscopic surgery
d. Chest intubation and antibiotics

Ans:a

Q. 21 A 60 year old female has presented with difficulty in swallowing for last three months and is able to take fluids with difficulty. She has lost 8 kg of weight. On upper GI endoscopy there is a stenotic growth at 30 cm from incisors and the

scope could not be passed through. Biopsy of the lesion shows squamous cell carcinoma. On investigations there is thickening of mid esophagus and a solitary lesion in the liver suspicious of metastases. What would be the most appropriate treatment for the patient

a. Stenting and chemo radiotherapy
b. Trans hiatal csophagectomy
c. Electrocoagulation of tumor
d. Radiotherapy

Ans:a

Q. 22 A 20-year old male had a fight with a friend and was stabbed in the left fourth Intercostal space. He has a pulse of 120/min, BP of 90/60 mm of Ily, Respiratory rate of 32 breaths /min On examination he has distendedjugular veins and audible breath sounds. The most appropriate inmediate treatment of his likely condition is

a. Needle thoracentesis
b. Chest intubation
c. Needle pericardiocentesis
d. Emergency thoracotomy

Ans:c

Q. 23 A 30 year old male has presented with features of muscular weakness which deteriorates as the days goes by, He has no sensory complaints. On chest Xray he has mediastinal widening shows a 6 cm well encapsulated mass in the anterior mediastinum. The most appropriate step in management.

a. VATS excision
b. Excision via transcervical route
c. Anticholinergics and immunotherapy
d. Chemotherapy

Ans:a

Q. 24 A 32-year old man met a run over injury to abdomen during road side accident by a factor trolley. At the time of his arrival in trauma center he is conscious, pulse rate of 96/n n and BP 105/70 mm of Hg. His chest radiograph revealed air fluid levels in left chest. What is the best course of action in management of the patient?

a. Pass an NG tube and observe
b. Left sided chest intubation
c. Laparotomy
d. Upper GI endoscopy
e. Conservative

Ans:b

Q. 25 Which of the following is not suspicious of malignancy in soft tissue swelling

a. Deep to fascia
b. Size less than 5cm
c. Recent increase in size
d. Recurrence

Ans:b

Q. 26 What is the most appropriate treatment for 2 cm well differentiated papillary Carcinoma of thyroid gland?

a. Radioactive Iodine
b. Lobectomy
c. Near total thyroidectomy
d. Total thyroideotomy with or without central lymph node dissection, andradioactive iodine

Ans:b

Q. 27. The indication of blood transfusion after haemorrhage is.

a. Blood loss > 10% of blood volume
b. Blood loss > 20% of blood volume
c. Blood loss > 30% of blood volume
d. Blood loss > 35% of blood volume

Ans:c

Q. 28. A young man sustained RTA and is brought to the ER. On examination his pulse is 120/min, BP of 90/60 mm of Hg, respiratory rate of 30/min. He has a bruise over his right upper chest and has absent breath sounds on right side with a dull percussion note. The most appropriate initial management of the patient would be

a. Needle thoracentesis
b. Chest intubation
c. Secure an airway
d. Establish an Intravenous line

Ans:b

Q. 29. An 68 year old woman has difficulty in swallowing for the last three months and is able to take oral fluids only On endoscopy he is found to have a a polypoidal growth at 36cm from the inciors. The biopsy of the lesion reveals it to be squamous cell carcinoma. Which amongst the following investigations is going to best reveal the local extent of the disease

a. CT scan
b. MRI
c. Endoscopic ultrasonography
d. Oral contrast ba meal

Ans:c

Q. 30 A 25 year old man has high grade fever, cough and left sided chest pain for the last two weeks. On clinical examination he is found to have decreased breath sounds on left side and stony dull percussion note X ray chest PA and Ultrasonography reveals presence of fluid collection with few septa formation His Total leucocyte on full blood count is 89% with predominant neutrophils. What is the best method for treating such a condition

a. Chest intubation

b. Pleurodesis
c. VATS
d. Decortication

Ans:a

Q. 31. A 5 yrs old child has presented with severe respiratory distress after being hit by a motor bike. The child is in obvious respiratory difficulty with cyanosed lips and nasal flaring. Air entry is markedly reduced on the right side with trachea shifted to left. What is the next step in the management?

a. Needle thoracostony
b. Pericardiocentesis
c. Urgent chest X ray
d. Endotracheal intubation

Ans:a

Q. 32. A 65 year old patient has presented with a 3 cm mass in left upper lobe of lung, percutaneous biopsy of this peripheral lesion reveals it to be an adenocarcinoma of the lung. The most appropriate treatment of such a lesion is likely to be

a. Radiotherapy
b. Wedge excision
c. Segmentectomy
d. Lobectomy

Ans:d

Q. 33. The newly admitted 43 year old fireman has flame burns on both legs. The burned areas appear white and leather like. No blisters or bleeding are present and the patient has little or no pain. How should this injury be categorized?

a. A Superficial
b. Partial thickness superficial
c. Partial thickness deep
d. Full thickness

Ans:

Q. 34. The first step in successful airway management is

a. Pre-oxygenation
b. Bag and mask ventilation
c. Airway assessment
d. Preparation and equipment check

Ans:C

Q. 35. Which of the following is a good indicator of anticipated difficult intubation

a. Mallampati Class 1
b. Thyromental distance more than 7 cm
c. Neck circumference greater than 27 inches
d. Adequate mouth opening

Ans:C

Q. 36. Which of the following is considered as the definitive airway

a. Endotracheal tube
b. Guedel airway
c. Nasal airway
d. Face mask

Ans:a

Q.37. Which of the following is considered the gold standard to confirm correct ETT placement

a. Capnography
b. Auscultation
c. Fibreoptic Bronchoscopy
d. Chest Movements

Ans:a

Q. 38 One of the complications of spinal anaesthesia

a. Hypotension
b. Tachycardia
c. Hypertension
d. Hyoglayceamia
e. Vivid dreams

Ans:a

Q. 39 Anaesthesia is

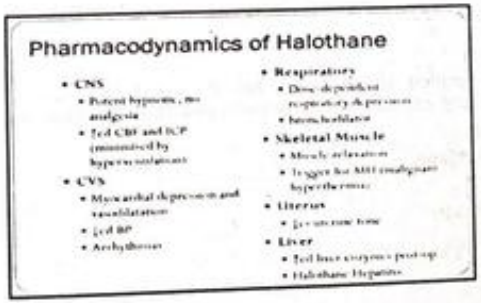
a. Loss of consciousness
b. Muscle relaxation and amnesia
c. Unconsciousness, amnesia, analgesia and muscle relaxation
d. Analgesia
e. State of sleep

Ans:c

Q. 40 One of the properties of Halothane

a. Anti arrhythmic property
b. Myocardial stimulant
c. Hypertension
d. Can cause arrhythmias
e. Nephorotoxic

Ans:d



Q. 41 Varicocele is more common on

a. Right side
b. Left side
c. Equal on both sides
d. None of the above

Ans:b

Q . 42 Absolute indication for TURP

a. IPSS 18
b. Large prostate size
c. Recurrent infection
d. Urgency of urine

Ans:a

Q. 43 Regarding anatomy of kidney

a. Renal artery is a branch of hepatic artery
b. Renal pelvis lies posterior to renal artery
c. On right side gonadal vein drains in renal vein
d. Kidney has extensive collateral arterial circulation

Ans:b

Q. 44 In adults the usual length of ureter is

a. 25 cm
b. 30 cm
c. 50cm
d. 15 cm

Ans:a

Q. 45 Most common cause of painless haematuria in 60 years old male is

a. BPH
b. Coagulation defect
c. Urinary bladder cancer
d. Carcinoma prostate

Ans:c

Q. 46. For Undecended testis true statement is

a. scrotal is well developed
b. Timely correction reverses the high incidence of tumoer
c. There is no loss of function til puberty
d. It has incidence of 2 in 100

Ans:b

Q-47 Pressure applied to which of the following structures will occlude the opening in neck and can be used to prevent regurgitation/aspiration?

a. Hyoid bone
b. Thyroid cartilage
c. Mandible
d. Cricoid cartilage

Ans:b

MCQs POINTS:
GENERAL SURGERY

Points:

1) Beck's Triad = Increased venous pressure(JVD), decreased arterial pressure(hypotension), muffled heart sounds. 2) Kussmaul Sign = Paradoxical rise in JVP on inspiration.

3) Basal Cell tumor of great Aesthetic areas (cheek, nose,lip) is best approached with Moh's Surgery (4-6mm margin)

4) Nevus cells are altered melanocytes.

5) Giant Hairy nevus is a Hamartoma of NaevoMelanocytes.

6) Lentigo Maligna is a type of Malignant Melanoma also called as Hutchinson's Melanotic Freckle.

7) Sebaceous cyst also called as Epidermal Cyst, Epidermoid Cyst, Epidermal Inclusion cyst.

8) Cock's Peculiar Tumor is an Infected, open, granulating, edematous Sebaceous cyst on scalp.

9) Prosthetic Graft is made of Polytetrafluoroethylene.

10) Fogarty Catheter= Embolectomy Catheter.

11) Tennis Racket shaped incision is used in Ray Amputation.

12) Dodd's Perforators are at level of Thigh.

13) Boyd's Perforators are below knee at level of upper leg.

14) Cockett's Perforators are above the ankle.

15) Atrophie Blanche (localized atrophic white skin surrounded by dilated capillaries) present in Varicose veins.

16) Lipodermatosclerosis (diffuse fibrosis of subcutaneous tissue) present in Varicose veins.

17) Trendelenburg, Tourniquet test, Schwartz test and Perthes Test are performed in Varicose veins.

18)Tumescent Fluid = Lidocain + Saline + epinephrine.

19) Tumescent anesthesia is given in Endovascular laser ablation of varicose veins.

20) Saphena Varix = Varicosity at Saphenofemoral junction.

21) Congenital (<2 years), Praecox (2-35 years) and Tarda (>35 years) are 3 types of Primary Lymphoedema.

22) Honeycomb pattern in Subcutaneous tissue present in Lymphoedema on CT scan.

23) Wucherria Bancrofti (cause of filariasis) is spread by a mosquito known as Culex Fatigans.

24) Endemic Elephantiasis (podoconiosis) is caused by Silica particles.

25) Cystic Hygroma=Lymphangioma 26)Benzopyrones are given in treatment of Lymphoedema.

27) Di-ethyl carbamazine citrate is given in treatment of Filariasis.

28) Lymphogranuloma Venereum is caused by Chlamydia Trachomatis.

29)Granuloma Inguinale is caused by Klebsiella Granulomatis.

30) Brodie's Abscess = Subacute form of Osteomylitis.

31)Fournier's Gangrene = Poly microbial Necrotizing Fascitis (NCF) of Perineal area.

32)Meleney's Gangrene = NCF of Abdominal wall
33) Carbuncle = Infective gangrene of Subcutaneous tissue
34)Cribriform Appearance (Sieve like openings of Abscesses) are present in Carbuncle
35)Cloxacillin is given for treatment of Carbuncle
36) Hidradenitis Suppurativa = Chronic Cicatrizing Suppurative infection of Apocrine glands
37) Paronychia = Infection of Nail fold
38)Unguis Incarnatus = Ingrowing toe nail into adjacent soft tissue
39)Zadek's Operation = surgical exision of Nail and Nail bed
40) Clostridium Tetani has Drumstick appearance
41)Most commonly cultured bacteria in Dog Bite is Pasteurella Multocida
42)Teratomatous Dermoid Cysts arise from Totipotential Cells
43)Tubuloembryonic Dermoid Cysts arise from Embryonic ectodermal tubes
44)Z-Plasty Rhomboid Flap, Bascom technique and Karydakis Procedure done in Pilonidal Sinus
45) Charcot Foot = Convex foot with a Rocker bottom appearance
46) Tropical ulcers = Phagedenic Ulcers (caused by Bacteroides, Fusiforms, Borrelia Vincentii)
47) Erythema Induratum = Bazin's disease
48)Von Recklinghausen's Disease = Generalized Neurofibroma
49) Plexiform Neurofibroma = Elephantiasis Neurofibromatosis
50)Erythroplasia of Queyrat = Intra- Epidermal Carcinoma of Glans Penis
51)Cauliflower like Ulcerative lesion is characteristic of Squamous cell carcinoma(SCC)
52) Carcinoma Ciniculatum (verrucous carcinoma) is well differentiated SCC on palms and soles, rarely metastasized.
53)Acral litigious Melanoma present on Palms and soles
54)Involuting Hemangioma include Strawberry Hemangioma and Salmon Pink patch (stork bites)
55)Non Involuting Hemangioma include Port Wine Stain and Capillary Hemangioma
56)Pyogenic Granuloma = Rapidly growing Capillary Hemangioma
57) Kaposi's Sarcoma = Malignant proliferative tumor of vascular endothelial cells
58) Housemaids Knee = prepatellar bursitis
59) Student's/Scholar's Elbow = Olecron bursitis
60) Clergyman's Knee = Infra-patellar bursitis

GENERAL SURGERY (2)

Points :

1)Triad of Death/Lethal Triad = Hypothermia, Acidosis and Coagulopathy
2) Storage temperature for whole blood = (2 - 6°C), Average "4 "
3)Normal Energy Requirement is equal to (25Kcal/day)
4)Normal BMI = 18 - 25
5) Bioelectrical Impedance Analysis (BIA) allows estimation of Intra and Extracellular Fluid volume
6)Eschar = Coagulated necrotic skin which is thick and rigid
7)In Superficial partial thickness burns, Dermis is involved upto Papillary layer

8)In Deep Partial thickness burns, Dermis is involved upto Reticular layer.
9) Split Thickness skin graft (STSG) = entire epidermis and dermal component of variable thickness.
10)Full Thickness skin graft (FTSG) = entire epidermis, dermis and part of Subcutaneous fat.
11)STSG is taken with Humby's Knife or Dermatome.
12)FTSG also called as Wolfe Graft
13)Battle Sign= Bruise over mastoid region due to Posterior fossa Frctur.
14) Rotter's Nodes = Interpectoral nodes
15) Galactocele = Subareolar Cyst.
16)Mondor's Disease = Superficial Thrombophlebitis of veins over brest and Anterior Abdominal wall
17)Duct ectasia=Dilatation of ducts
18)Hadfield operation (excision of all major ducts) performed for duct ectasia
19)Peaud Orange appearance = blockage of Cutaneous Breast Lymphatics by Tumor cells.
20)Valgus = distal part of limb or deformity away from Midline
21)Varus = distal part of limb or deformity towards the Midline
22)Cavus = Excessive height of the longitudinal arch of foot
23) Equines = Planter flexed position of ankle.
24)Bankart Lesion = Shoulder joint dislocation with damage to Glenoid Lambrum
25)Kocher's Method, Hippocratic Method are used for treatment of Shoulder Dislocation
26) Dinner Fork Deformity is a classic deformity of Colle's Fracture
27)Ortolani Test Elf hip is abducted, it is reduced with typical clink.
28)Barlow Test = If hip is adducted, dislocation occurs.
29) Barlow Test and Ortolani Test are performed in Developmental Dysplasia of Hip
30) Ponseti Method = Serial Castings in Congenital Club Foot
31) Tenotomy (release of Achilles tendon) and Anterior Tibial Tendon Transfer are Surgical treatments of Congenital Club Foot.
32) Congenital Talipes Equinovarus = Congenital Club Foot.
33)Wet footprint Test performed in "Pes Planus" (Flat Foot).
34) Osteosarcoma has "Sun rays Appearance" on X-Ray.
35) Osteochondroma on X-RAY look like "Mashroom" (Calcified Stalks with Radiolucent Cap).
36) Chondroblastoma appears as "Chicken wire" Calcified lesions on X-RAY.
37) Chondroblastoma also known as Codman's Tumor.
38) Giant Cell tumor has "Soap Bubble appearance" on X-RAY.
39) Osteoclastoma is also known as Giant Cell tumor.
40) Ewing's Sarcoma has "Onion peel appearance" on X-RAY.
41)Involucrum = New bone formed around an area of Osteomylitis.
42)Torticolis & Rust's Sign present in Cervical spine Tuberculosis.
43)Alderman's gait(lordotic) present in Lumber Spine tuberculosis.
44)"Claw hand Deformity" and Positive "Forment's sign" indicate Ulnar Nerve Injury
45)Phalen's Test and Tinel's Test is performed in Carpel tunnel Syndrm.
46)Parotid duct = Stensen's Duct.

47)Warthin's Tumor =Monomorphic Adenoma of Parotid gland.
48)Partial Occlusive Dressing in open pneumothorax has a "Flutter Valve Mechanism".
49)Normal pH = 7.35 to 7.45
50 Normal HCO3 = 22 to 26 mmHg
51)Normal PCO2 = 35 to 45 mmHg
52)In Sistrunk's Operation, excision of whole Thyroglossal tract is performed which includes Body of Hyoid, Supra Hyoid tract and Core of tissues on either side
53) Sistrunk's Operation performed for Thyroglossal Cyst.
54)Pleomorphic Adenoma is most common in 3rd to 6th decade of life and in females
55)Starch Iodine Test is performed in Frey's Syndrome
56)Sestamibi Scanning done in Hyperparathyroidism.
57) Dinner Fork Deformity = Dorsal angulation and dorsal displacement of distal radius.
58)Sudeck's Atrophy is a complication of Colle's Fracture

SYSTEMIC SURGERY

Points:

1) Anterior (Watson) Partial Fundoplication & Posterior(Toupet) Partial Fundoplication.
2)Collis Gastroplasty = New Esophagus is created by using the Fundus of stomach in Esophageal Shortening.
3) Killian Dehiscence = Weak area between Thyropharyngeous and Cricopharyngeous muscle.
4)Loss of Ganglionic cells in Auerbach's plexus present in Achalasia (High LES pressure).
5)Menetrier's Disease=Hypertrophic gastropathy (mucosal folds hypertrophy).
6) Gastric Carcinoma is classified by "Bormann".
7) Gastric Adenocarcinoma is classified by "Lauren" into Diffuse and Intestinal type.
8)Gastrointestinal Stromal Tumors express "c-kit proto-oncogene."
9)Liver is covered with "Capsule of Glisson."
10)Cantlie's Line runs from middle of gallbladder fossa anteriorly to Inferior Vena Cava posteriorly.
11)Couinard classification divides liver into 8 functional segments, and numbered them in Clockwise direction.
12)Echinococcus Cyst has 3 layers: - Pericyst (adventitia) - Endocyst (Laminated layer) - Germinal layer.
13) Hydatid Cyst lesion has Several Septa with Floating membranes.
14)In Pringles maneuver, Portal Triad is compressed at Foramen of Winslow by Soft Clamp or using vascular Sling. 15)Push, Pringles maneuver and Packing is done for Bleeding in Liver Trauma.
16) Ethanolamine Oleate and Butyl Cyanoacrylate are Sclerosing agnts
17)Caroli Disease = Congenital dilatation of Intrahepatic Biliary Tree (Opposite of PSC)
18)Splenumculi = Accessory Spleen
19) Hartman's Pouch = dilatation of gallbladder outlet adjacent to the origin of Cystic Duct.
20)Cheba Needle is used in PTC
21)Choledochal Cyst is classified by Todanis into 5 classes.

22)Black gallbladder Stones has Insoluble Bilirubin + Calcium phosphate + Calcium Bicarbonate.
23)Brown gallbladder Stones has Bacterial cell bodies + Calcium Bilirubinate + Calcium Palmitate + Calcium Stearate.
24) Boundaries of Callot's Triangle : - Cystic Artery (superiorly) - Cystic Duct (inferiorly) - Hepatic Duct (medially) 25) Kocher's Incision is given in Open Cholecystectomy.
26)Cholesterosis (strawberry gall bladder)= Submucous aggregations of Cholesterol crystal and Cholesterol esters. 27)Cholecystosis = Chronic Inflammatory conditions of gall bladder.
28) Cholangiocarcinoma (bile duct tumors) are classified according to Bismuth Classification.
29) Severity of Pancreatitis is assessed by Ranson's Criteria, APACHE II score, Glasgow scale and C reactive Protein.
30)Puestow Procedure=longitudinal Pancreaticojejunostomy.
31) Frey's Procedure = Transverse Pancreaticojejunostomy.
32)Wipple Procedure = Distal pancreatectomy.
33)Tillaux's Sign = Mesenteric cyst moves freely at right angle to the attachment of Mesentery.
34)Ormond's Disease = Extensive fibrosis throughout retroperitoneum.
35)Extent of Ulcerative Colitis is Classified by Montreal Clasification
36)"Lead Pipe Colon" present in Chronic case of Ulcerative Colitis
37)Hinchey Classification is used to describe Colonic Perforation due to Diverticulitis.
38)Sawtooth appearance of Colon present on Barium Enema in Colonic diverticula.
39) Strawberry lesion of Recto- sigmoid is caused by Spirochaeta Vincenti and Bacilius Fusiformis.
40)Cabarsone Suppositories are used for treatment of Strawberry lesion of Rectosigmoid.
41) Villous Adenoma has Frond like appearance.
42)Lynch Syndrome = Hereditary Non Polyposis Colorectal Cancer (mutation in MSH1, MSH2)
43) Hartman's operation = Rectum is excised, distal stump is closed and proximal colon is brought out as End Colostomy.
44) Borborygmi (exaggerated bowel sounds) in ileal obstruction.
45) Ladd's band, Omental Band and Tuberculous Bands can lead to Intestinal Obstruction due to Bands.
46)Cecal Volvulus is usually in a Clockwise fashion while Sigmoid volvulus is always Anticlockwise.
47) Compound Volvulus = ileo-sigmoid Volvulus.
48)Omega Sign = grossly distended loop of colon arising out of pelvis and extending towards diaphragm.
49)Omega Sign and Bent inner tube sign present on XRay abdomen in Intestinal Obstruction.
50) Sausage shaped hump on abdomen and Redcurrant Jelly Stools present in Intussusception.
51) Ogilvie's Syndrome = Chronic pseudo-obstruction of Colon.

PAEDIATRICS MCQs

1. A one-year-old child is brought to you with concerns of delayed development. On examination, you note that that he has a pincer grasp, and is interested in playing 'peek-a-boo'. He can crawl, cruise but cannot take independent steps. He can say "Mama-Dada" nonspecifically but has no intelligible words. What is the approximate developmental age of this child?

a) 1 year
b) 9 months
c) 15 months
d) 6 months

Ans

2. A 4-year-old boy was brought to the Emergency Room with a Generalized Tonic Clonic Seizure, which has lasted for 20 minutes. He is still having a seizure when he arrives to the hospital. You gave him one dose of IV Midazolam. After a further 5 minutes, he is still having a seizure. What is the next most appropriate step?

a) IV Levetiracetam
b) IV Midazolam
c) IV Phenytoin
d) IV Valproic acid

Ans c

3. A 4-weck-old infant presented with jaundice. On physical examination he has mild jaundice and abdominal distension. He has macroglossia, widely open anterior fontanalle, umbilical hernia and dry skin. Isotope and ultrasound scan showed no thyroid tissue. What are his thyroid function tests likely to show?

a) Decreased Thyroxine and Thyroid Stimulating Hormone.
b) Decreased Thyroxine and increased Thyroid Stimulating Hormone
c) Increased Thyroxine and Thyroid Stimulating Hormone
d) Increased Thyroxine and decreased Thyroid Stimulating Hormone

Ans b

4. A 7-year-old girl is brought to you for poor school performance. She gets tired and does not play with her friends. Her mother says she has a very poor appetite and prefers milk and snacks. Her height and weight are at the 10 percentile for her age. She is pale and has no visceromegaly. On CBC, her hemoglobin is 7gm/dL, TLC 11.2 x 10, and platelets are 388 x 10%. The RBCs are microcytic and hypochromic.What is the most likely diagnosis?

a) Iron deficiency anemia
b) Lead poisoning
c) Protein losing enteropathy
d) Worm infestation

Ans a

5. A 4-year-old boy presents with history of low-grade fever since 4 weeks. He has a mild cough and some weight loss. On chest X-ray, there is right sided hilar adenopathy. What is the most probable diagnosis?

a) Foreign body

b) Lymphoma
c) Pneumonia
d) Pulmonary tuberculosis

Ans d.

6. A mother comes to you for feeding advice for her 6-month-old son. Her son has been exclusively breast fed for the first 6 months of life. She is returning to work and has decided to stop breast feeding. She is starting the baby on cow's milk.
What is your advice?

a) Cow's milk can be given but must be diluted
b) Cow's milk can be started at 9 months of age
c) Cow's milk can be given (undiluted)
d) Cow's milk is not appropriate for the baby at this age

Ans d

7. A 2-year-old boy is brought to you with the complaint that is nonverbal; he is only able to babble but has no intelligible words. The rest of his development is normal. He is generally in good health, although he has had 8 episodes of otitis media over the past year.
What is the most appropriate next step?

a) Antibiotics
b) CT/MRI brain
c) Hearing screen
d) Reassurance

Ans c

8. A 6-year-old boy has had intermittent episodes of cough since the past 6 months. He has nighttime cough about once a month, and daytime cough less than once a week. His peak expiratory flow is <80%.

Which treatment option is most appropriate?

a) Inhaled beta-2 agonist as needed
b) Inhaled beta-2 agonist plus inhaled corticosteroid
c) Oral steroids plus cromolyn sodium
d) Patient education and environmental control

Ans b

9. A baby boy is born to a multigravida mother following an uneventful pregnancy. He is noted to be deeply jaundiced at 16 hours of age. On clinical examination he is lethargic and has jaundice, extending to his feet and hands. His mother's blood group is o negative. His serum bilirubin level is 522 mmol/l.
What is the most appropriate next step in managing this baby?

a) Reassure the mother that it is normal for babies to have jaundice and call her after 48 hours
b) Start phototherapy and prepare for immediate exchange transfusion
c) Start phototherapy
d) Stop breast feeding, start IV fluids and give phototherapy

Ans b

10. 10-year-old girl with thalassemia major has been receiving regular blood transfusions since 1 year of age. She is admitted to the pediatric ward. She has shortness of breath, and 2 episodes of syncope. On examination, she is pale, afebrile, her heart rate is 120 beats per minutes, and respiratory rate of 35 breaths per minute. She has hepatosplenomegaly; upon auscultation of her chest, she has bilateral crepitations.
For this complication, which is the best diagnostic test?

a) Echocardiogram
b) ECG
c) CBC
d) Chest X-Ray

Ans a

11. A 14-month-old boy is brought by his mother with cough and difficulty in breathing. On examination, his respiratory rate is 45 breaths per minute, and there is chest indrawing. There is audible wheezing. He is refusing all food and has vomited once since this morning.
According to the IMNCI, how would you classify his illness?

a) Bronchiolitis
b) Cough or cold
c) Pneumonia
d) Severe Pneumonia

Ans d

12. Which one of the following statements is true?

a) Neuroblastoma has good prognosis after chemotherapy
b) Neuroblastoma is a primary renal malignancy
c) Neuroblastoma is not seen in adults
d) Neuroblastoma is the commonest malignancy in children

Ans d

13. A 3-year-old boy presented with diarrhea since 2 days and severe dehydration. He has oliguria since 1 day. On examination, he was afebrile, with a RR of 24/min, HR 134/min, and BP 110/60 mmHg. The chest is bilaterally clear, and the abdomen has no visceromegaly. His labs showed Hb 12 g/dl, TLC 12 x 10/1, platelet count 300 x 1041. What is the most important investigation, which can lead to the diagnosis?

a) Renal function tests
b) Urine culture
c) Serum electrolytes
d) Ultrasound abdomen

Ans a

14. Morphological features of thalassemia are due to:

a) Increased breakdown of RBC's
b) Excess deposition of iron
c) Increased circulating blood volume
d) Expansion of bone marrow spaces

Ans d

15. A 3-year-old child was successfully treated for Diabetic ketoacidosis. The next morning, his mother complained that the child does not look well, is difficult to awaken and has stopped taking orally. On physical examination, the child is afebrile, drowsy with a pulse of 110/min and BP of 120/80 mmHg. There are no focal neurological signs.

Which complication is he most likely having?

a) Acidosis
b) Hyperkalemia
c) Sepsis
d) Cerebral Oedema

Ans:d

16. A 10-year-old girl is admitted with 48 hours history of headache, nausea, vomiting and listlessness. She has a purpuric skin rash over her lower extremities. Which sign would be a contraindication of taking cerebrospinal fluid via lumbar puncture?

a) Blurred optic disc on ophthalmoscopy
b) Hypertension
c) Positive Kernig's Sign
d) Purpuric skin rash

Ans:a

17. A 5-year-old girl presented to the OPD with abrupt onset of anorexia, nausea, malaise and vomiting for 3 days. On examination, she is jaundiced, well hydrated and afebrile. Systemic examination is unremarkable, besides tenderness in the right hypochondrium.

What would be the most appropriate investigation for this patient?

a) Blood culture
b) Hepatitis A IgM
c) Ultrasound abdomen
d) Liver function tests

Ans:d

18. A 9-year-old girl presents with complaints of fever, abdominal pain, and loose stools. for 4 days. Stool Direct Examination demonstrated trophozoites of Giardia Lamblia. Her parents report that she received IV fluids in a village hospital last month. She likes drinking juice from the vendor outside her school. There is history of travel to a farm with exposure to chickens and cows. Her younger brother had acute gastroenteritis last month as well.

What is the most likely mode of acquisition of this parasite in this girl?

a) Exposure to the chickens
b) The juice
c) Infected needle (IV Fluids)
d) Infection from brother

Ans:d

19. A 7-day-old baby is brought to the NICU with fever and irritability. She is unable to open her mouth to feed and is lying on the crib with an arched back. When you attempt to examine her, she develops convulsions. She was born at home assisted by a local dai" (midwife).

What is the best way to diagnose this condition?

a) Blood Culture
b) Clinically
c) CSF examination
d) Stool culture

Ans:b

20. A year old girl, living in Waziristan, recently developed fever, and now has severe weakness in her right lower extremity, mainly in the proximal part. There is Areflexia.

Which vaccine could have prevented the acquisition of this illness?

a) BCG
b) Polio Vaccines
c) HiB vaccine
d) Tetanus vaccine

Ans:b

21. A 10-month child has been immunized with only one dose of rotavirus vaccine at the age of 4 months. He is up to date on all other vaccines in the EPI.

What is the most appropriate step to take?

a) Administer dose 2 of Rotavirus vaccine
b) Children only need one dose of the rotavirus vaccine
c) Give prophylactic antibiotics to prevent rotavirus diarrhea
d) It is too late to give the second dose

Ans:a

22. A 5-year-old girl is brought with 3 weeks of ear pain. On examination, there is pus draining from the right ear. Her temperature is 37 degrees centigrade. There is no swelling behind the ear.

What is the most appropriate next step in the management of this patient, according to the IMINCI?

a) IV antibiotics
b) Oral Amoxicillin
c) Surgery to drain the pus
d) Wicking of the ear

Ans:d

• Tender swelling behind the ear	MASTOIDITIS	➤ Give first dose of an appropriate antibiotic. ➤ Give first dose of paracetamol for pain. ➤ Refer URGENTLY to hospital.
• Pus is seen draining from the ear and discharge is reported for less than 14 days, or • Ear pain.	ACUTE EAR INFECTION	➤ Give an oral antibiotic for 5 days. ➤ Give paracetamol for pain. ➤ Dry the ear by wicking. ➤ Follow-up in 5 days.
• Pus is seen draining from the ear and discharge is reported for 14 days or more.	CHRONIC EAR INFECTION	➤ Dry the ear by wicking. ➤ Follow-up in 5 days.
• No ear pain and No pus seen draining from the ear.	NO EAR INFECTION	No additional treatment.

23. A 2-and-a-half-year-old child is brought by his mother with loose stools and fever for the last 3 days. On examination, she is restless and irritable. Her eyes are sunken, his skin pinch over her abdomen goes back slowly. When offered water, she is thirsty and drinks eagerly.

What is the most appropriate next step, according to the IMNCI?

a) Ciprofloxacin
b) IV fluids
c) ORS and Zinc
d) Probiotics

Ans c

SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print)
Two of the following signs: • Lethargic or unconscious • Sunken eyes • Not able to drink or drinks poorly • Skin pinch goes back very slowly	SEVERE DEHYDRATION	► If child has no other severe classification - Give fluid for severe dehydration (Plan C). - OR If child also has another severe classification: Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding. ► If child is 2 years or older, and there is cholera in your area, give antibiotic for cholera.
Two of the following signs: • Restless, irritable • Sunken eyes • Drinks eagerly, thirsty • Skin pinch goes back slowly	SOME DEHYDRATION	► Give fluid, Zinc supplements and food for some dehydration (Plan B) ► *If Child also has a severe classification:* *Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding.* ► Advise mother when to return immediately ► Follow-up in 5 days if not improving ► If confirmed symptomatic HIV, follow-up in 7 days if not improving
• Not enough signs to classify as some or severe dehydration	NO DEHYDRATION	► Give fluid, Zinc supplements and food to treat diarrhoea at home (Plan A) ► Advise mother when to return immediately ► *Follow-up in 5 days if not improving* ► If confirmed/symptomatic HIV, follow-up in 7 days if not improving

24. 8-year-old boy has been having fever with chills, since the past 2 weeks. The fever initially occurred daily, but now occurs every second day. On examination, he is pale and has mild splenomegaly. He is treated adequately for 3 days, and now needs to start a medicine to prevent relapse of this condition

Which one test should you do prior to starting this medicine?

a) Peripheral smear
b) Blood culture
c) Bleeding time
d) G6PD deficiency

Ans:d

25. What is the karyotype of Turner Syndrome?

a) XO
b) XXY
c) 21XXX
d) Xyz

Ans a

26. Which of the following is a minor criterion in the Modified Duke Criteria for the diagnosis of infective endocarditis?

a) Janeway lesions
b) Positive ANA
c) Two positive blood cultures
d) Vegetations on echocardiogram

Ans

27. A 3-year-old boy presented in the emergency department with barking cough and noisy breathing. On examination he is afebrile but tachypneic with marked subcostal recessions. X ray neck show narrowing of subglottic area.

What is the next most appropriate step in management this case?

a) Intravenous antibiotics
b) Intubation with ETT
c) Nebulization with racemic epinephrine
d) Nebulization with Ventolin solution

Ans:a

28. A baby boy is born at 32 weeks of gestation to a primigravida mother who has had a history of leaking per vaginum for 2 days. Most likely cause of premature birth is:

a) Chorioamnionitis
b) Fetal congenital heart disease
c) Poor antenatal care
d) Primiparity

Ans:a

29. A newborn is born with a lumbosacral meningomyelocele in your hospital. In order to note any associations, he must be investigated with which one of the following investigations?

a) Chest X Ray
b) Complete blood count
c) Echocardiography
d) Ultrasound brain

Ans:d

30. An eighteen-month-old child presented to emergency department. Mother gives history of excessive crying and irritability for last 15 days. He is mainly taking cow's milk with poor intake of vegetables and fruits in his dict. Now he refuses to walk and has tenderness in both legs. On examination, there are multiple petechiae over the body and bleeding gums.

What is the most likely diagnosis?

a) Beriberi
b) Scurvy
c) Rickets
d) Pellagra

Ans:b

31. A 2-year-old boy is noted to have mild cyanosis, mother gives history that assumes a squatting position during long walking. He presented to emergency department with deepening cyanosis, increased fussiness and altered consciousness. On physical examination heart rate is 130/min, respiratory rate is 45/min, SaO2 80%, and to murmur is audible. Chest x ray shows decreased lung markings.

The most likely underlying lesion is?

a) Transposition of great arteries
b) Tetralogy of Fallot
c) Tricuspid atresia
d) Truncus arteriosus

Ans:b

32. A 5-year-old child presented to pediatric emergency with history of fever for 2 days, seizures and altered sensorium since morning. Clinical examination revealed GCS of 13/15, neck stiffness and positive Babinski. Blood picture shows leukocytosis and CSF examination is as follows: Color cloudy, polymorphs > 90%, glucose 20mg/dL, protein 124mg/dL.

a) Brain abscess
b) Bacterial meningitis
c) Tuberculous meningitis
d) Viral encephalitis

Ans:b

33. A five-year-old girl is has multiple bruises since the past 2 days. There is no history of trauma or fever. There is no history of such lesions in the past. On examination, she is active and alert with stable vital signs. There is no lymphadenopathy or hepatosplenomegaly. Blood complete picture shows Hb of 11.8 g/dl, TLC 3.D XIV and Platelet count 25 x 10/1.

What is the most likely underlying pathology?

a) Henoch-Schoenlein Purpura.
b) Heinophilia.
c) Immune thrombocytopenic purpura.
d) Von Willebrand Disease.

Ans:c

34. A 2-week-old baby girl is brought to the emergency department with a history of forceful vomiting after feeding. Vomitus is non-bilious and non-bloody. The patient continues to breast feed hungrily. On physical exam the newborn appears to be mildly dehydrated. Her temperature is 98.0°F and pulse is 130/min. The abdomen is soft, and an olive shaped mass is palpable in his right upper abdomen, no visceromegaly appreciated. What is the most likely diagnosis?

a) Achalasia
b) Duodenal atresia

c) Hirschsprung disease
d) Pyloric stenosis

Ans:d

35. A 5-year-old boy had a febrile illness 2 weeks ago, which had resolved spontaneously within 4 days. He has been well since over a week. Since yesterday, he has developed weakness in both lower extremities. Today, he is also complaining of pain in the upper extremities. What is the most likely diagnosis?

a) Guillain Barre Syndrome
b) Poliomyelitis
c) Transverse myelitis
d) Traumatic neuritis

Ans:a

36. What is the duration of antibiotic therapy for uncomplicated meningitis due to Hemophilus influenza Type B?

a) 5 days
b) 10 days
c) 12 days
d) 15 days

Ans:b

37. Which one the following is a maternal cause for absolute contraindication to breast feeding?

a) There are no maternal causes
b) Mother on anticonvulsants
c) Active tuberculosis in the mother
d) Maternal undernutrition

Ans:a

38. A 7-year-old child is brought into the Emergency Room with a history of acute onset of drooling from the mouth and difficulty in breathing. The parents noted empty bottle of his grandmother's medication near him.

Which of the following is the most approprinte next step?

a) Administer syrup Ipecac
b) Confirm the name of the medicine
c) Initiate treatment with activated charcoal
d) Order toxicology screen

Ans:b

39. A 2-year-old girl recently diagnosed with nephrotic syndrome. After initial stabilization plan is to start treatment with oral steroids.

What are the tests you should do before starting steroids?

a) Blood Culture
b) Complete blood picture
c) Tuberculin skin test and chest x ray
d) Ultrasound abdomen

Ans:c

40. A 10 months old infant presents in A&E with complaint of excessive cry, lethargy and reluctance to feed for one day. On examination he is febrile with temperature of 101F: Heart rate of 165/min and R/R 46/min. anterior fontanelle is full and bulging. Rest of systemic examination is unremarkable.

What is the most likely diagnosis?

a. Acute pyogenic meningitis
b. Pneumonia
c. Hydrocephalus
d. CSOM

Ans:a

41. A 2 year old female child presents with complaint of not gaining weights since birth. Her birth weight is 3.0 kg. She was delivered by SVD at hospital. Started on mother feed. She is third baby having two other siblings at age of 3 and 4.her weight is below 60% of expected weight for age.

a. 1st degree malnutrition
b. 2nd degree malnutrition
c. 3rd degree malnutrition
d. Moderate malnutrition

Ans:b

Assessment of nutritional status

Gomez classification

Weight for age (%)	Malnutrition
91 - 100	Normal
76 - 90	1° degree
61 - 75	2° degree
< 60	3° degree

42. One of the following classification of malnutrition takes into height account in addition to weight.

a. Gomez
b. Waterlow
c. Welcome
d. WHO stunting

Ans:b

WATER LOW classification

	Normal	Mild	Moderate	Severe
Height for age (%)	95	90–95	85–90	85
Weight for age (%)	90	80–90	70–80	70

43. A 10 year old girl is brought in child OPD with complaint of being short in her class and is weak. Her height is 122 cm (normal height for age is 137 cm). Her present weight 15.0(Expected weight for a child of 122cm height is 24 kg) According to water low classification this child is having

a. High weight for height
b. Low weight for height
c. Low weight for both height and age
d. Normal weight for height

Ans:c

44. You are examining a 7 year old boy in child OPD who is known case of cerebral palsy. While performing development assessment of child you noticed that neck holding and eye to eye contact and social smile is present. Patient can sit without support but can not stand but takes weight on legs. Moreover transfers objects from one hand to another hand in midline but uses whole hand to grasp. What is developmenfal age of this child?

a. 3 months
b. 6 months
c. 9 months
d. 12 months

Ans:

45. A couple brings their 18 month old child in OPD. Their concern is development delay which noticed in their child as there is history of delayed neck holding and social smile. Child start a walking at age of 14 months. On examination general physical and systemic examination is normal. Development assessment reveals that child walks upstairs with one hand held, two fa per step, builds tower of 3 cubes, Obeys simple instructions and feeds self with spoon What is developmental age of child

a. 9 months
b. 12 months
c. 18 months
d. 2 years

Ans:

46. A 3 year old boy is brought to emergency department , Now he has developed reluctance to feed and vomiting And has not taken feed since 24 hour on examination his respiratory rate is 48 per minute and signs of respiratory tract infection. According to ARI classification you will classify the disease.

a. Bronchiolitis
b. Cough and cold
c. Pneumonia
d. Severe pneumonia very severe disease

Ans:d

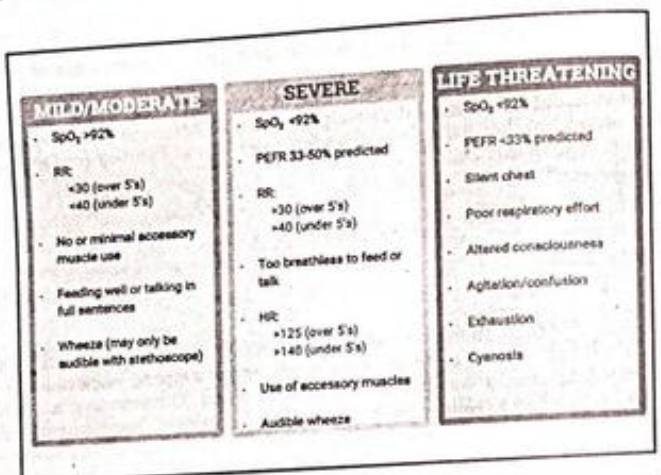
47. A 9 year old male child known case of asthma who presented in emergency department with history of rhinitis since 2 days. Now he is agitated, breathless at rest and can talk in phrases. On examination he is tachypnic and intercostals and sub costal recession are present. Wheeze is audible loud throughout exhalation.

His pulse rate is 150 per minute. Keeping in mind that patient is in acute attack of asthma,

How will you categorize this patient, before starting management?

a. Mild attack
b. Mild to moderate
c. Moderate attack
d. **Severe attack**

Ans:d



48. In patient described in MCQ number 47, what is first step of management?

a. Injection Adrenaline subcutaneously
b. Injection Aminophyllin intravenously
c. Nebulized Salbutamol
d. **Oxygen inhalation**

Ans:d

49. A 16 month old girl presents in emergency department with history of cough and coryza for 1 week and high grade fever upto 104°F since 4 days. On examination child is tachypneic and has creptitation on middle and lower zone of right side of chest. Blood cp shows TIC count 15000/ with 80% polymorphs. What is most likely diagnosis?

a. Asthma
b. Bronchiolitis
c. **Bacterial pneumonia**
d. Cystic fibrosis

Ans:c

50. A 5 year old boy presents with history of sore throat and high grade fever in examination of throat tonsils are enlarged and congested (red). Cervical lymph nodes are enlarged and tender too. According to IMCI guidelines what is first step of management is

a. Give benzathine penicillin or amoxicillin
b. Give paracetamol
c. **Give safe soothing remedy for sorethroat**
d. Refer urgent to the hospital

Ans:c

51. You receive a child in child OPD with complaint of ear pain since 10 days. There is no history of ear discharge. Only positive finding in clinical examination is prescence of tender swelling behind the year. According to IMCI guide lines your diagnosis is

a. Acute ear infection
b. Chronic car infection
c. **Mastoiditis**
d. No car infection

Ans:c

52. You receive a three year old girl with loose stools and vomiting and fever since 5 days. On examination she is lethargic and unable to drink water and on examination she has sunken eyes and skin pinches back very slowly. Her weight is 14kg. You decide to rehydrate the child with IV ringer lactate.
What is the amount of fluid you will give in first 30 minutes .

a. 420 ml
b. 500ml
c. 600ml
d. 700ml

Ans:a

Treatment plans; Plan C

The aim is to correct dehydration urgently (immediately).
•Route: Intra-Venous or Naso-Gastric tube (we have to act quickly)
•In IV: give Ringer's lactate solution. If it is not available, use normal saline. Calculate the amount of fluid using the following formula: ***Weight (kg) x 100ml*** over a period of ***3 hours*** for children over the age of one year, and over ***6 hours*** for infants, according to the following table:

Age in Months	Amount of IV fluid/unit time	
	30ml/Kg body weight	70ml/Kg body weight
Less than 12	First hour	Following 5 hours
12+	First 30 minutes	Following 2.5 hours

Note: DO NOT attempt Naso-Gastric tube as it is not practiced in this country. The steps are:
1. Reassess every hour, if no improvement, give fluid more rapidly.
2. If the patient can drink, give ORS in 5ml/kg body weight/hr
3. Reassess after completion, classify according to the hydration status & choose the appropriate plan accordingly.

53. Report of chromosomal analysis of a 3 months old boy shows 47, XY, +21 What is the diagnosis?

A Down Syndrome *
B Edward Syndrome
C Klinefelter Syndrome
D Patau Syndrome
E Turner Syndrome

Ans a

54. A four years old boy presents with multiple bruises for 2 days. He had upper respiratory infection 3 weeks ago. There is no hepatosplenomegaly. Hb is 10.8 g/dl and WBC count is 7.0 x 109/l. What is the likely diagnosis:

A Acute Lymphoblastic leukemia (ALL)
B Hemophilia A
C Immune thrombocytopenic purpura (ITP) *
D Iron deficiency anemia
E Vitamin K deficiency

Ans c

55. A 4 week old neonate presents with jaundice, sluggishness and constipation. He is hard to wake up. Examination reveals umbilical hernia and wide open posterior fontanel. The most likely investigation to confirm the diagnosis is:

a Serum Calcium levels
b Liver function tests.
c X-ray knee joints
d Thyroid function tests
e Urine for reducing substances

Ans d

56. Management of hypovolemic shock is

a 20 ml per kg of normal saline
b 50 ml per kg of normal saline
c 35 ml per kg of normal saline
d 30 ml per kg of normal saline
e 25 ml per kg of normal saline

Ans a

57. A 6 years old boy came in Child OPD with poor height gain. There is no significant history of any systemic illness. On examination the child is well thriving with normal weight for age but height is below third percentile. What will be the initial step in evaluating this child?

a) Abdominal examination
b) Anthropometry
c) Eye examination
d) OFC measurement
e) Parental height

Ans e

58. A child came in OPD with short stature. His anthropometric measurement plotted showed his height below third centile. What specific investigation will help you in diagnosis of short stature?

a) Complete blood count
b) ESR
c) Skeletal survey
d) Urine analysis
e) X ray wrist for bone age

Ans e

59. What is the most likely diagnosis of girl who is short in height and has dysmorphic facies?

a) Down syndrome
b) Edward syndrome
c) Marfan syndrome
d) Nephrotic syndrome
e) Turner syndrome

Ans e

60. Parents brought their 4 months baby with complaint of constipation for 4 days. They report that the baby had prolonged jaundice in neonatal period. On examination baby has coarse facies, hoarse cry, umbilical hernia, flat nasal bridge and sluggish reflexes. What is the diagnosis?

a) Cushing syndrome
b) Downs syndrome
c) Hypothyroidism
d) Marfan syndrome
e) Nephrotic syndrome

Ans c

61. 9 month old infant is diagnosed case of hypothyroidism. Which of the following investigation suggests hypothyroidism?

a) Raised T3, Low T4 and Low TSH
b) Raised T3, T4 and Low TSH
c) Low T3, T4, TSH
d) Low T3, T4 and high TSHcorrect option
e) Low T4, raised T3 and low TSH

Ans d

62. Most common cause of acquired hypothyroidism is.

a) Thyroid agenesis
b) Thyroid peroxidase defect
c) Hashimoto's Thyroiditis
d) Iodine deficiency
e) Drug induced hypothyroid

Ans d

63. 8 years old known diabetic child is on insulin treatment, now has presented in emergency with severe abdominal pain, vomiting and breathing difficulty. What complication he has developed.

a) Hypoglycemia
b) Hyperosmolar coma
c) Diabetic ketoacidosis
d) Peritonitis
e) Intestinal obstruction

Ans:c

64. Mother has brought a 4 years old child with the concern that he is not growing well compared to his peers. His height is less than 5th centile. Weight is at 5th centile. Bone age is according to chronological age. Systemic examination is unremarkable. Most likely diagnosis is:

a) Hypothyroidism
b) Rickets
c) Genetic short stature
d) Constitutional short stature
e) Chronic renal failure

Ans:d

65. Parents bring their 7 year old boy with walking difficulty. Upon examination there is calf muscle hypertrophy and gower sign is also positive. What is the inheritance pattern of this disease?

a) Autosomal Dominant
b) Autosomal Recessive
c) Mitochondrial
d) X-link Recessive
e) X-linked Dominant

Ans:d

66. The inheritance of Beta Thalassemia major is

a) Autosomal Dominant
b) Autosomal Recessive
c) Mitochondrial
d) X-linked Dominant
e) X-linked Recessive

Ans:b

67. The inheritance of Haemophilia A is

a) Autosomal Dominant
b) Autosomal Recessive
c) Mitochondrial
d) X-linked Dominant
e) X-linked Recessive

Ans:e

68. 4 years old boy has presented with one month H/O fever, weight loss. He has irritability and fits for two days. He is unvaccinated and belongs to poor socioeconomics class. His CSF shows TLC 350 cell/mm3, lympho 70%, neut 30%, protien 200mg/dl, glucose 50mg/dl. Your most likely diagnosis is:

a) Bacterial Meningitis
b) Viral Meningitis
c) Encephalitis
d) Cerebral Malaria
e) Tuberculous meningitis

Ans:e

69. 5 years old child has presented with recurrent generalized tonic clonic fits in the absence of fever. Most likely diagnosis would be:

a) Grand Mal Epilepsy
b) Absence Seizures
c) Myoclonic Epilepsy
d) Partial Seizures
e) Meningitis

Ans:a

70. Antiepileptic drug of choice for absence seizures is:

a) Carbamazepine
b) Ethosuximide
c) Phenobarbitone
d) Phenytoin
e) Valproic Acid

Ans:b

71. 5 years old child has presented with 2 days history of fever, headache and fits. CSF examination shows increased leukocyte count. Most likely type of cells on differential would be:

a) Eosinophils
b) Lymphocytes
c) Monocytes
d) Neutrophils
e) Plasma cells

Ans:d

72. A 10 years old girl has presented with 1 month history of fever, headache, lethargy and fits. Her grand father has chronic cough. Most likely diagnosis is:

a) Bacterial Meningitis
b) Brain Abscess
c) Cerebral Malaria
d) Encephalitis
e) Tuberculous Meningitis

Ans:e

73. Most common organism causing meningitis under 2 months of age is:

a) E Coli
b) Group B streptococci
c) Meningcoccus
d) Pneumococcus
e) Staph aureus

Ans b

74. Status epilepticus is defined as:

a) Recurrent focal seizures
b) Recurrent seizures with fever
c) Seizures > 10 min duration
d) Seizures > 5 min duration
e) Unconscious for 24 hrs

Ans d

75. 4 years old child with Cerebral Palsy comes to your clinic for the first time for a routine visit. O/E you find that the boy has only minimally increased tone in the upper extremities with good fine motor coordination: however, he has significantly increased tone and increased deep tendon reflexes in the lower extremities. His cerebral palsy is categorized as:

a) Spastic diplegia
b) Spastic hemiplegia
c) Spastic paraplegia
d) Spastic quadriplegia
e) Spastic monoplegia

Ans a

76. 3 year old boy presents with sudden onset of weakness of left lower limb. O/E tone, power and reflexes in that limb are diminished. Right lower limb examination is unremarkable. The most likely diagnosis is

a) Encephalitis
b) Guillain –Barre Syndrome
c) Meningitis
d) Poliomyelitis correct option
e) Transverse myelitis

Ans b

77. Parents bring their 7 year old boy with walking difficulty. Upon examination there is calf muscle hypertrophy and gower sign is also positive. What is the inheritance pattern of this disease?

a) Autosomal Dominant
b) Autosomal Recessive
c) Mitochondrial
d) X-link Recessive
e) X-linked Dominant

Ans d

78. 3 year old boy presents with sudden onset of weakness of left lower limb. O/E tone, power and reflexes in that limb are diminished. Right lower limb examination is unremarkable. The most likely diagnosis is

a) Encephalitis
b) Guillain –Barre Syndrome
c) Meningitis
d) Poliomyelitis correct option
e) Transverse myelitis

Ans b

79. A 3 years old girl was playing with toys. She suddenly develops breathlessness. On examination she has thready pulse, bilateral wheeze and breath sounds are decreased on right sides of chest. Child also has three days history of cold and rhinitis.

a. Congestive cardiac failure
b. Epiglottitis
c. foreign body
d. Pneumonia

Ans c

80. A 5 years old known case of bronchial Asthma is taking inhaled beta 2 agonist off and on for many months without relief. What should be the next step in management?

a. Long acting beta 2 agonist
b. Montelukast
c. Inhaled low dose steroids
d. oral steroid

Ans c

81. A 3 years boy presents with fever, dysuria, and gross hematuria. Physical examination was unremarkable. Urine R/E shows numerous pus cell, red blood cells and proteinuria. Which of the following is the most likely diagnosis

a. Posterior urethral valve
b. Acute glomerulonephritis
c. Urinary tract infection
d. Wilms tumor

Ans c

82. A child with recurrent urinary tract infection is most likely suffering from

a. Posterior urethral valve
b. Vesico ureteric reflux
c. Neurogenic bladder
d. Polycystic kidneys

Ans b

83. The most common cause of nephrotic syndrome in pediatric population is

a. Minimal change disease
b. Mesengial proliferation correct A

c. Focal segmental glomerulonephritis
d. Membranous nephritis

Ans:a

84. Which of the following drug is used most commonly in the treatment of Idiopathic nephrotic syndrome?

a. Prednisone
b. Cyclophosphamide
c. Methylprednisolone
d. Cyclosporine

Ans:a

85. Which of the following organism most commonly causes UTI in children?

a. E coli
b. Streptococcus
c. Proteus
d. Pseudomonas

Ans:a

86. A 3 month old girl with fever,sorethroat and difficulty in breathing, worsening over past few hrs. She is not vaccinated/E she is febrile, respiratory rate 40/min, mild stridor and pulse 120/min. She sits forward, drooling, talks with soft voice. What is the most likely diagnosis?

a. Bacterial tracheatis
b. Croup
c. Epiglottitis
d. Bronchial asthma

Ans:b

87. The most common poisoning in children is in the form of

a. Drugs
b. Injection
c. Inhalation
d. Contact

Ans:a

88. 8 years old immunized child presented with history of recurrent episodes of cough more at night for past few months. No history of fever, weight loss and chest pain. O/E child has bilateral wheeze. Most likely diagnosis

a. Pulmonary TB
b. Cystic fibrosis
c. Bronchial asthma
d. Foreign body

Ans:c

89. Stomach wash is contraindicated in which of the following poisoning?

a. Paracetamol overdose
b. Iron

c. Pesticides
d. Acid and alkali poisoning

Ans:d

90. You are interacting with father of thalassemia patient whose Ferritin level has been found to be 4500ng/dl, HB 11g/dl. O/E there is no hepatosplenomegaly. Which is the best treatment at this stage

a. Subcutaneous deferoxamine
b. Blood transfusion
c. Splenectomy
d. Oral iron chelator(deferasirox)

Ans:d

91. You are called to attend the delivery of a term baby with type 2 DM with deceleration seen on CTG. The baby is born in poor condition and there is a thick meconium in the liquor.which of the following maneuvers is appropriate?

a. Oropharyngeal suction only
b. Ambugagging
c. Cardiac compression
d. Immediate intubation and trachial suction

Ans:a

92.Which of the following the most common histopathlogical finding in the duodenal biopsy of children suffering from celiec disease

a. Villous atrohy and crypt hyperplasia
b. Villous hypertrophy
c. Crypt hyperplasia
d. Villous atrophy with giant cell infiltration

Ans:d

93. In neonatal Respiratory distress syndrome

a. Surfactant is useful in the treatment
b. It is rare in infant below 28 weeks gestation
c. Antenatal steroid are not beneficial
d. Maternal diabetes does not increase the risk

Ans:a

94. A 2 yrs old boy presented with acute watery diarrhea since last 2 days.He is irritable but able to drink.Optimal treatment option is

a. ORS
b. I/V ringer lactate
c. I/V antibiotics
d. Stop oral feeds

Ans:a

95. After delivery start breast feeding

a. As soon as possible
b. After 8 hrs

c. After 24 hrs
d. After 48 hrs

Ans:a

96. A full term baby boy brought by his mother develop at 2nd day of life. His serum bilirubin is 12 mg. On examination baby is healthy and feeding well. Most likely diagnosis

a. **Physiological jaundice**
b. ABO incompatibility
c. Breast milk jaundice
d. Hypothyroidism

Ans:a

97. 5 days old baby vomited dark red blood twice over past 4 hrs. He is active and feeding well he is on exclusive breast feeding

a. Esophagitis
b. Gastritis
c. duodenal ulcer
d. Hemorrhagic disease of newborn

Ans:b

98. Commonest cause of bacterial pneumonia in infancy

a. Influenza type b
b. Streptococcus
c. Staphylococcus
d. Pseudomonas

Ans:b

99. 1 yr old child presented with pallor.He is on breast milk only. On examination there is no lymphadenopathy and hepatomegaly but he has splenomegaly. On investigation his HB 7g/dl MCHC 40 and peripheral film shows abnormal shaped cells. The most likely diagnosis would be

a. Hereditary spherocytosis
b. Iron deficiency anemia
c. Thalassemia major
d. Acute leukemia

Ans:a

100. Which of the following condition is not hemoglobinopathy

a. Hereditary spherocytosis
b. Iron deficiency anemia
c. G6PD
d. Thalassemia

Ans:c

101. A 2 yrs old female child presented with H/O recurrent diarrhea for last 6 months weaning was started at the age of 1 yr. There is also pallor and weight loss

O/E child is having gluteal muscle wasting and protuberant abdomen. Which of the following test will confirm the diagnosis

a. Ileal biopsy
b. Jejunal biopsy
c. Anti endomysial Abs
d. Anti tissue transglutaminase Abs

Ans:b

102. A 2-year-old child is brought having fever, cough and dysphagia. He is toxic looking. On examination of throat, the tonsils are covered with a grayish membrane. Child was incompletely vaccinated for age. Most likely diagnosis is:

a. Acute epiglottitis
b. Acute croup syndrome
c. Diphtheria
d. Tetanus
e. Oral candidiasis

Ans:c

103. 1-year-old infant is brought with high grade fever for 5 days having suffused conjunctivae and a Macular rash appearing on face and neck. Elder sibling is recovering from similar illness. What is the most likely diagnosis?

a. SLE
b. Kawasaki disease
c. Measles
d. Scarlet fever
e. Drug rash

Ans:c

104. Blood in loose stools can be seen in diarrhea caused by following organisms except

a. E.coli
b. Vibrio cholera
c. Salmonella
d. Shigella
e. Campylobacter

Ans:b

105. An 8 months old baby has cough and breathing difficulty. His R/R is 70/min. There are subcostal recessions. Most likely diagnosis according to WHO ARI classification is:

a) Very severe disease
b) Severe Pneumonia
c) Pneumonia
d) No pneumonia
e) Septicemia

Ans:b

106. Hepatitis A virus spreads through

a. Blood
b. Feco oral route
c. Syringe sharing
d. Sexual route
e. None of above

Ans:b

107. Which of the following statements is true regarding Intussusception in children:

a. Common between the age of 13 months to 8 years of age
b. Bile stained vomiting is an early feature
c. Bleeding per rectum is the most common presenting symptom
d. Is usually caused by a polyp or pedunculated tumour
e. Air reduction plays an important role in the management

Ans:e

108. A five months old male baby vomits after every feeds. His vomiting is projectile and he is not gaining weight. What is the most likely diagnosis?

a. Chronic diarrhoea
b. Severe reflux
c. Gastritis
d. Hypertrophic pyloric stenosis
e. Duodenal atresia

Ans:e

109.Whooping cough is caused by

a. Parainfluenza virus
b. Bordetella pertussis
c. Hemophilus influenza type b
d. Respiratory syncytial virus
e. Streptococcus pneumonia

Ans:b

110.All of the following are common complications of mumps except

a. Meningoencephalitis
b. Osteomyelitis
c. Epididymo-orchitis
d. Pancreatitis

Ans:b

111. A 6 months old girl has fever and cough. She is alert and taking oral feeds normally. Her respiratory rate is 54 per minute with lower chest indrawing. She will be classified in which of the following categories according to WHO guidelines for ARI?

a. No pneumonia
b. Pneumonia

c. Severe pneumonia
d. Very severe disease

Ans:c

112. An 8 years old boy presented with complaints of fever for 7 days and bilateral submandibular swelling for 3 days, what is most likely diagnosis?

a. Lymphadenitis
b. Acute follicular tonsillitis
c. Bilateral otitis media
d. Mumps
e. Bilateral parotitis

Ans:d

113. A 7 years old child unvaccinated presented with complaint of high grade fever for 5 days and rash for 2 days. On examination there is generalized vesicular rash and another crop of rash with scabs over it. Most likely diagnosis is:

a) Measles
b) Chiken Pox
c) Herpes simplex infection
d) Roseola infantum
e) Scabies

Ans:b

114.Neonate presented with complaints of severe respiratory distress and vomiting on examination breath sounds were absent and abdomen was distended and scaphoid shape. Most likely diagnosis is

a. pyloric stenosis
b. congenital diaphragmatic hernia
c. intussusception
d. mid gut volvulus
e. Hirschsprung disease

Ans:c

115.Surgical repair of undescended testes (orchiopexy) is indicated for cryptorchidism persisting beyond

a. 5 months
b. 2 years
c. 10 years
d. 9-15 months
e. Should be done in first few days of life

Ans:d

116. A 28 days old child presented with complaint of prolonged jaundice and yellowish discoloration of urine and gray colored stools. On examination there is hepatomegaly. Lab investigations showed raised conjugated bilirubin. Most likely diagnosis is :

a. Biliary atresia
b. Breast milk jaundice

c. Breast feed jaundice
d. Physiological jaundice of new born
e. ABO incompatibility

Ans:a

117. General danger signs include all of the following except:

a. Child not able to drink
b. Child not able to breast feed
c. Child vomits every thing
d. Child had convulsions
e. Child had stridor or wheeze

Ans:e

117. Following are the signs to be looked in a child with suspected pneumonia as per IMNCI except:

a. Tachypnea
b. Chest indrawing
c. Wheeze
d. Nasal flaring
e. Stridor

Ans:d

118. A 3 years old boy presents with sudden onset of weakness of left lower limb following an episode of fever. On examination tone, power and reflexes in that limb are diminished. Right lower limb examination is unremarkable. Bilateral planters are down going. The most likely diagnosis is:

a. Transverse myelitis
b. Meningitis
c. Encephalitis
d. Poliomyelitis
e. Guillain –Barre Syndrome

Ans:d

119. A 2-yrs old female was well until 12 hours ago, when she developed lethargy vomiting and intermittent crying episodes during which she appeared to be in pain. During these painful episodes, she draws her legs upto her abdomen. She was passing current jelly like stool Most likely diagnosis:

a. Pyloric stenosis
b. Appendicitis
c. UTI
d. intussusception
e. Pelvic inflammatory disease

Ans:d

120. 2 years old boy came with his parents their concern is bluish discoloration of nails of hands and feet. On examination patient is having cyanosis along with ejection systolic murmur at mid sternal border. What is the diagnosis?

a) Truncus arteriosus
b) Transposition of great artery
c) Ventricular septal defect
d) Atrial septal defect
e) Tetrology of fallot

Ans:e

121. 1 year old boy came in OPD for routine checkup. His weight and height are below 50th centile. On auscultation there is pan systolic murmur at left lower sternal border. What is the diagnosis?

a) Atrial Septal defect (ASD)
b) Ventricular Septal defect (VSD)
c) Patent Ductus Arteriosus (PDA)
d) Tetralogy of Fallot (TOF)
e) Mitral Regurgitation (MR)

Ans:b

122. An 18-month old is noted to assume a squatting position frequently during play time at the day care center. The mother also notices occasional episode of perioral cyanosis during some of these squatting periods. The day of admission, child becomes restless, hyperpneic, and deeply cyanosed. within 10 minutes, the child becomes unresponsive. The most likely underlying lesion is

a) Breath holding spell
b) Tetralogy of Fallot
c) Truncus arteriosus
d) Atrioventricular defect
e) Patent ductus arteriosus

Ans:b

123. A six month old presents with tachycardia, tachypnea, and poor weight gain for 3 months. Physical examination reveals a continuous murmur and a wide pulse pressure with a prominent apical impulse and bounding pulses. The most likely diagnosis is

a) Aortic stenosis
b) Atrial septal defect
c) Patent ductus arteriosus
d) Pulmonary stenosis

Ans:c

124. A 7 years old girl is a known case of diabetes mellitus and with poor glycemic control, her mother told she is not taking sugar free diet. What portion diet you advise to her?

a. Carbohydrates 40%, Pats 30%, Proteins 30%
b. Carbohydrates 50%, Fats 20%, Proteins 30%
c. Carbohydrates 50%, Fats 35%, Proteins 15%
d. Carbohydrates 50%, Fats 15%, Proteins 35%
e. Carbohydrates 25%, Fats 40%, Proteins 35%

Ans:

125. A newborn baby with Down Syndrome admitted in NICU with excessive vomiting greenish in color. His X-ray abdomen also shows double bubble sign in upper of abdomen. What is the most common surgical problem he is suffering from?

a. Duodenal atresia
b. Intussusception
c. Malrotation
d. Meconeum ileus
e. Volvulus

Ans:a

126. Which of the following forms the basis of diagnosis of Cerebral palsy?

a. History of feeding
b. Perinatal history
c. Maternal age
d. MRI brain
e. USG brain

Ans:b

127. Which vaccine is routinely given to infant to reduce incidence of meningitis?

a. BCG
b. Measles
c. MMR
d. Penta
e. Synflorex

Ans:d

128. Which of following drugs is contraindicated in G6PD patients?

a. Amoxicillin
b. Artermether
c. Chloroquine
d. Clarithromycin
e. Metronidazole

Ans:c

129.5 yrs old boy stopped walking 2 days back, now he presented to ER with respiratory paralysis. On detailed examination and investigations, he was diagnosed as GUILLIAN BARRE SYNDROME. What is the best treatment choice?

a. IVIG
b. IVIG and assisted ventilation
c. IV steroids
d. IV steroids and assisted ventilation
e. Oral steroids

Ans:b

130. What is the cause of growth failure in VSD?

a. Left to right shunt
b. Loud mumur
c. Male gender
d. Recurrent chest infection
e. Small VSD

Ans:a

131. A recently diagnosed child with type 1 diabetes mellitus was evaluated regarding etiology. What is the most important factor responsible?

a. Cow's milk before 2 years
b. Cytomegalovirus infection
c. HLA-DR3, DR4 alleles
d. Mumps infection
e. Rubella infection

Ans:c

132. A 3 years old boy presents with complaint of fever and cough for two days. He is diagnosed as Pneumonia and oral antibodies are advised. After how many days he should be called for follow up visit in outpatient department?

a. 5 days
b. 7 days
c. 10 days
d. 1 month
e. 2 month

Ans:a

133. A ½ year old child diagnosed case of tetrology of fallot presents with sudden onset of breathing difficulty worsening cyanosis and gasping respiration. Precordial examination shows no murmur. The initial step in management of child will be.

a. Injection Atropine given subcutaneously
b. Injection diazepam given intravenously
c. Injection Phenobarbital
d. Placement of child in knee chest position
e. Ventolin nebulization

Ans:d

134. A 3 year old boy brought to ER with drooling of saliva and inability to eat and drink. On examination the child has 103°F temp along with congested larynx and inspiratory stridor. What is the most probably diagnosis?

a. Acute epiglottitis
b. Bacterial pneumonia
c. Bronchiolitis
d. Bronchial asthma
e. Croup

Ans:e

135. A 4 year old boy presents in OPD with complaint of high grade fever for one day. Examination reveals a febrile, drowsy child having purpuric rash all over

the body. Signs of meningeal irritation are positive. What is the most likely diagnosis?

a. Cerebral malaria
b. Meningoencephalitis
c. Viral meningitis
d. Viral encephalitis
e. Meningococcal meningitis

Ans:e

136. A 5 year old child comes to pediatric outpatient department with fever and cough for last two days. She has been taking treatment of asthma in form of inhales and anti allergics with no improvement. Mother reports that she often suffers from sinusitis and becomes wheezy also. On examination child is febrile and her height and weight are at 10th centiles. She has digital clubbing and bilateral scattered ronchi are beard in chest. What is the most likely diagnosis?

a. Bronchial Asthma
b. Chronic sinusitis.
c. Cystic fibrosis
d. Gastroesophageal Reflux disease.
e. Pulmonary Tuberculosis

Ans:c

137.A 5 years old boy had fever for 3 days for which Pediatrician prescribed him some antibiotics, after taking that treatment he suddenly developed pallor and jaundice, mother told he has similar episode 2 year back for which he was transfused twice. What is the most likely diagnosis?

a. Anemia of chronic disease
b. Folate deficiency
c. Iron deficiency anemia
d. G6PD deficiency
e. Thalassemia major

Ans:d

138. year old girl presents in OPD with the complaint of polyuria and polydipsia months. What should be the diagnostic criteria for Diabetes mellitus in this

a. Fasting plasma glucose > 120mg/dl
b. Fasting plasma glucose > 126mg/dl
c. Symptoms of diabetes and BSF>110mg/dl
d. Symptoms of diabetes and BSR>160mg/dl
e. 2 hour plasma glucose during oral GTT>180mg/dl

Ans:b

139. A 9 year old boy diagnosed case of Aortic stenosis presents in pediatric Emergency with high grade fever for last two days. On examination the child is Febrile with temperature of 102 F and Heart Rate of 130/min. Examination also revealed bilateral conjunctival hemorrhages and splenomegaly. Blood culture report turns out to be positive for streptococci. What is the most likely diagnosis?

a. Entetic fever
b. Infective endocarditis
c. Malaria
d. Scarlet fever
e. Septicemia

Ans:b

140. .A mother brought her 2 year old child in OPD with the complaint of developmental delay and uncontrolled fits. There was history of delayed cry at birth. On Examination child is having spasticity in all four limbs with decreased spontaneous movements and brisk tendon reflexes. What is the most probable diagnosis?

a. Choreo athetoid cerebral palsy
b. Spastic diplegia
c. Spastic hemiplegia
d. Spastic paraplegia
e. Spastic quadriplegia

Ans:e

141. 9 year old girl presents with primary amenorrhea, associated with severe clinical lower abdominal pain. O/E she has a bulging bluish membrane at mitus. What is she suffering from?

a. Imperforate Hymen
b. Absent uterus
c. Disorder of sexual development
d. Asherman syndrome

Ans:a

142. A 3yr old child presents with fever since 2 days followed by an episode of generalized tonic clonic seizure lasting for 3 minutes 1 hour back. On examination temperature is 101F, congested throat and no signs of meningeal Irritation. What is the most likely diagnosis?

a. Cerebral malaria
b. lipilepsy
c. Febrile fit
d. Hypocalcemic fit
e. Pyogenic meningitis

Ans:c

143. A 3 year old boy is seen with bruises over lower limbs for last 1 week. He had sore throat 2 weeks back which settled by itself. He is active, afebrile with no Visceromegally. Most likely diagnosis?

a. ALL (Acute Lymphoblastic leukemia)
b. DIC (disseminated Intravascular coagulation)
c. Idiopathic thrombocytopenic purpra
d. Meningococcemia
e. SLE (systemic lupus erythematosis)

Ans:c

144. While investigating the cause of disproportionate short stature, most appropriate investigation that will lead to diagnosis is

a. Blood cp
b. Growth hormone stimulation test
c. Renal function test
d. Skeletal Survey
e. Tissue Transglutaminase Antibodies

Ans:b

145. six year old girl presents with recurrent episodes of cough for last 3 years. Cough is mostly at night. It is at times associated with fever. O/E she has vesicular breathing with rhonchi. What is most likely diagnosis?

a. Asthma
b. Cystic fibrosis
c. Foreign body aspiration
d. Pulmonary TB
e. Vascular ring

Ans:a

146. A 7 month old child has been transfused twice over last 4 months for progressive pallor. His height and weight are normal. He is having hepatosplenomegaly. What is the most helpful investigation in this child?

a. Bone marrow biopsy
b. Hemoglobin electrophoresis
c. Osmotic fragility test
d. Red cell indices
e. Total iron binding capacity

Ans:b

147. An 11 year old girl is diagnosed to have diabetes mellitus since 2 years. She is on insulin therapy. Suddenly she started to sweat became pale and confused. What is the best treatment option in this child?

a. 10% Dextrose water
b. 0.3mg Glucagon
c. 0. 1IU/kg Insulin
d. 20ml/kg Normal saline
e. 2ml/kg sodium bicarbonate

Ans:a

148. A 2 year old child presents with complaint of cough and breathing difficulty for There is history of recurrent chest infections, failure to gain weight and passage of meconium at the time of birth .What is the most likely

a. childhood Asthma
b. Celiac disease
c. Cystic fibrosis
d. Chronic malnutrition
e. Tuberculoses

Ans:b

149. Another brings her 2 yr old child with complaint of walking difficulty. He was born premature with delayed cry of 7 minutes. On examination he is walking on tip toes, tendon reflexes are brisk and having up going plantars. What is the most likely diagnosis?

a. Ataxic cerebral palsy
b. Choreoathetoid
c. Spastic diplegia
d. Spastic hemiplegia

Ans:c

150. A six month old child presents with tachycardia, tachypnoea and poor feeding for 3 months. O/E there is a continuous murmur below left clavicle. What is the most likely diagnosis?

a. Aortic stenosis
b. Atrial septal defect
c. Pulmonary stenosis
d. Patent ductus arteriosis
e. Ventricular septal defect

Ans:d

151. A 56 years previously healthy physically-notices that his eyes are yellow and he has been losing weight. On physical examination the patient has jaundice and sceral with a benign abdomen. Transcutaneous ultrasound of the abdomen demonstrates biliary ductal dilation without gallstones. Which of the following is the most appropriate next step in the workup of this patient?

a. Esophagogastroduodenoscopy (EGD)
b. Endoscopic retrogate cholangiopancreatograpby (ERCP)
c. Acute abdominal series
d. Computed tomography
e. Positron emission tomography

Ans:b

152. A one year old boy presented with fever which began abruptly and persisted for 5 days. There were no associated symptoms. As the temperature fell the baby started to have an eruption consisting of maculopapules on entire body: After days the rash faded leaving no scars. The most likely diagnosis in this patient is:

a. Erythema infectiosum
b. infectious mononucleosis
c. measles
d. Roseola Infantum

Ans:d

153. The precordial auscultation reveals loud first heart sound opening mid-diastolic murmur. The most likely diagnosis is

a. Aortice stenosis
b. Aortic regurgitation
c. Mital stenosis
d. Mitral regurgitation,

Ans:c

154. A 24 months old male infant presents with the concern that he is unable to walk. On examination, baby is having smiling face and decreased muscle tone. He is also noticed to have less than normal head size, upward and outward slanting eyes, open mouth, visible tongue and single transverse palmer crease. Which of the following investigations will be most useful to make a confirmed diagnosis in this child ?

a. Serum alpha feto protein level
b. Nerve conduction studies
c. EMG (electromyograghy)
d. Karyotype / chromosome analysis
e. MRI scan Brain

Ans:d

155. A newborn baby presents on second day of life with jaundice. On examination, jaundice is visible on whole of his body. Abdominal examination shows palpable liver and spleen. On investigations, serum bilirubin is 17 mg/dl. Direct Coombs test is positive. Mother blood group is A-ve and baby blood group is O +ve. Most likely diagnosis for cause of jaundice in this baby would be ?

a. Physiological jaundice
b. Jaundice due to congenital TORCH infection
c. Congenital Biliary atresia
d. Rh incompatibility
e. ABO incompatibility

Ans:d

156. A one-year-old child is brought to you with concerns of delayed development. On examination, you note that that he has a pincer grasp, and is interested in playing peek-a-boo'. He can crawl, cruise but cannot take independent steps. He can say "Mama-Dada" nonspecifically but has no intelligible words.
What is the approximate developmental age of this child?

a) 1 year
b) 9 months
c) 15 months
d) 6 months

Ans:

157. An 3 year old child presents to the pediatric emergency with history of fever and drowsiness for the last 3 days and sudden onset of jerky tonic-clonic movements of body which occurred today. On examination, his weight is 12 kg and he has a temperature of 102 F. child is unconscious with GCS 10. The doctor on duty requested multiple investigations. Which of the following investigations will be most helpful to reach a specific diagnosis in this child?

a. CBC with CRP
b. Serum electrolytes
c. CT scan Brain with IV contrast
d. Fundoscopy of eye
e. CSF examination

Ans:e

158. Congenital nephrotic syndrome is defined as nephrotic syndrome manufesting at birth or within the 1st 3 months of life. The etiologies include all the following EXCEPT

A. Herpes infection
B. Infantile SLE
C. Mercury exposure
D. Mutations in the NPHSI
E. Syphilis

Ans:

159. A 2 year old child presents with the complaints of fever and unable to walk for the last 2 days. There is no history of trauma. Parents are not sure about his vaccinations. On examination, he has a temperature of 99 F. He is unable to lift his leg from ground. Tone in right lower limb is decreased. Knee jerk and ankle jerk could not be elicited. What is your most likely diagnosis in this child?

a. Guillain Barre syndrome (GBS)
b. Transverse myelitis
c. Poliomyelitis
d. Septic arthritis
e. Osteomyelitis

Ans:c

160. During Resuscitation of a term newborn baby in the delivery room, the first step would be:

a. Auscultate the chest
b. Auscultate the heart
c. Ensure clear airway and stimulate
d. Give oxygen by face mask
e. Cut the umbilical cord

Ans:c

161. An 8 years old boy presents to the OPD with the complaints of breathlessness on exertion and passing dark urine for the last 4 days. Previously he was well. On examination weight of the child is 23 kg and his helight is 124 cm. Physical examination shows puffiness of face. There is suspicion of pretibial edema, Blood pressure of the child is 120/80. Urine examinations reveals protein trace and field full of clumps of red cells on microscopy Blood tests show serum Na 135 mmol/l, K 5 mmol/l, albumin 4.2 mg/dl, Ursa 53 mg/dl and creatinine 0.65 mg/dl. What will be most likely diagnosis in this child?

a. Nephrotic syndrome
b. Acute glomerulonephritis
c. Congestive Heart Failure
d. Chronic Renal Fadure
e. Urinary Tract Infection

Ans:b

162. A 10 year old child presents to the pediatric emergency with inability to walk since 2 days . On Parents say the child was well before. On examination, his weight is 26kg and he has a temperature of 98 F. He is conscious and cranial nerves examination is normal. Tone in both lower limbs is decreased symmetrically. He is able to raise his legs in supine position but unable to stand. He is able to raise his arm but unable to make a tight fist. Sensory system in all of limbs is intact. What will be your mostly initial diagnosis in this child?

a. Poliomyelitis
b. Transverse myelitis
c. Myasthenia gravis
d. Acute myositis
e. Guillian Barre Syndrome acute motor polyneuropathy

Ans:e

163. A 6 months old baby presents with bluish discoloration of tongue on crying. On inspection, his respiratory rate is 60 per minute and intercostal recessions are visible. Cyanosis and clubbing are seen on fingernails. Auscultation reveals a heart murmur. Echocardiography in this infantis likely to shows any one of the following diagnosis EXCEPT:

a. Truncus Arteriosus
b. Tricuspid atresia
c. Aortic stenosis
d. Tetralogy of Fallot
e. Transposition of Great Arteries (TGA)

Ans:c

164. A five year boy presents with ankle joint swelling after minor trauma, There is history of prolonged bleeding from circumcision at one year of age. Investigations show Hb 9 gm/dl, TLC 7600/ul, Platelets 290000/ul, PT 13 seconds, APTT 67 seconds. What is the most likely diagnosis?

a. ITP
b. Hemophilia
c. Von Willebrand disease
d. Liver disease
e. Platelet function defect

Ans:b

165. Which of the following statement best describes the developmental performance of an infant at the age of nine months:

a. sit without support, pick up toy, say mama, no fear of strangers
b. sit without support, pick up toy, does not say mama, fear of strangers
c. sit without support, does not pick up toy, say mama, fear of strangers
d. does not sit without support, pick up toy, say mama, fear of strangers
e. sit without support, pick up pellet, say mama, fear of strangers

Ans:

166. A 13 year old boy presents with history of abdominal pain, respiratory distress, salivation and lethargy for the last 3 hours. He was helping his father for spraying on the crops. On examination, his heart rate is 60/min and respiration is 26/min. He is restless and saliva is visible in mouth. GCS is 11/15 and pupils are constricted. Which of the following medications will be most useful in the management of this child?

a. Dobutamine
b. Salbutamol
c. Atropine
d. Naloxone
e. Diazepam

Ans:c

167. A 6 hours old newborn baby presents with lethargy and subtle seizures. His mother was having gestational diabetes. His blood glucose was ordered. What is the blood glucose level below which a term newborn is considered to be having Hypoglycemia ?

a. 20 mg/dl
b. 30 mg/dl
c. 40 mg/dl
d. 50 mg/dl
e. 60 mg/dl

Ans:b

A plasma glucose level of less than 30 mg/dL (1.65 mmol/L) in the first 24 hours of life and less than 45 mg/dL (2.5 mmol/L) thereafter constitutes hypoglycemia in the newborn.

168. A 4 months old male infant presents with the complaints of failure to thrive and frequent vomiting since birth. Further questioning reveals that the baby passes urine in drops all the time. On examination, his weight is 4.5 kg heart rate is 140 and respiration is 65/min. His abdomen is distended. An ultrasound of abdomen shows distended thick walled urinary bladder and bilateral severe hydronephrosis and hydroureter. What is the most likely diagnosis in this infant ?

a. Urinary tract infection
b. Neurogenic bladder
c. Pelvis-ureteric junction obstruction
d. Uretro-vesical junction abstruction
e. Posterior urethral valves

Ans:c

169. A 10 year old unvaccinated child presents with the complaints of hematemesis for the last one day. On examination, child is pale. On abdominal examination jaundice is seen. A firm liver is palpable by 1 cm below the right costal margin. Spleen is palpable by 5 cm. Shifting dullness is positive in abdomen. What is your most likely clinical diagnosis in this child?

a. Acute Viral Hepatitis
b. Chronic Liver Disease
c. Congestive Heart Failure

d. Glycogen storage disease
e. Acute leukemia

Ans:b

170. A four year old child presents with complaints of being short in his class. Expected (median or average) weight and height and of a four year old child is:

a. Weight 13 kg Height 90 cm
b. Weight 16 kg Height 100 cm
c. Weight 16 kg Height 90 cm
d. Weight 13 kg Height 100 cm
e. Weight 14 kg Height 95 cm

Ans:

171. A 24 months old male infant presents with the concern that he is unable to walk. On examination, baby is having smiling face and decreased muscle tone. He is also noticed to have less than normal head size, upward and outward slanting eyes, open mouth, visible tongue and single transverse palmer crease. Which of the following investigations will be most useful to make a confirmed diagnosis in this child ?

a. Serum alpha feto protein level
b. Nerve conduction studies
c. EMG (electromyograghy)
d. Karyotype / chromosome analysis
e. MRI scan Brain

Ans:d

172. A 4 months old male infant presents with the complaints of respiratory distress during mother feeding. On examination, his respiration is 65/min and chest indrawing is present. A pansystolic murmur is heard at left lower sternal border. What is the most likely diagnosis in this infant ?

a. Mitral regurgitation
b. Patent Ductus Arteriosus
c. Pulmonary stenosis
d. Atrial septal Defect
e. Ventricular Septal Defect

Ans:e

173. A 5 year old child presents to the pediatric emergency with sudden onset of Jerky tonic-clonic movements of body for the last one hour. Parents say the child was well in the morning. On examination, his weight is 18 kg and he has a temperature of 98 F, child is unconscious with froth on his mouth. Mother mentions that he had a similar event one year back. Which medication will you use first to control the seizures in this child?

a. IV leviteracetam
b. Oral clonazepam
c. IV diazepam

d. IM phenobarbitone
e. IV Sodium Valproate

Ans:c

174. A 12 months old boy presents with diarrhea for the last four months. Weight of the child is 5.5 kg and his length is 70 cm. looking at Weight for length chart, following Z-scores are noted. Median 8.5 kg, -1 Z-score 7.8 kg, -2 Z-score 7.0 kg, -3 Z-score 6.3 kg. How will you classify this child in WHO malnutrition classification ?

a. No acute malnutrition
b. Moderate Acute Malnutrition
c. Severe Acute Malnutrition
d. Marasmus
e. Kwashiorkor

Ans:

175. A 4 year old child presents to the OPD with the complaints of swelling of face and body for the last 6 days. On examination, his face is puffy and edema on feet is present. His abdomen is distended and umbilical hernia is seen. Urine examinations reveals protein 3+ and no cells on microscopy, Blood tests show serum Na 135 mmol/l, K 4 mmol/l, albumin 2.2 m/dl, Urea 33 mg/dl and creatinine 0.35 mg/dl. Which specific treatment will you start in this child?

A. Furosemide
B. Multivitamins
C. Albumin infusions
D. Prednisolone
E. Captopril

Ans:d

176. Vaccination is available for which of the following viruses causing Hepatitis?

a. Hepatitis A
b. Hepatitis A,B
c. Hepatitis A, B,C
d. Hepatitis A, B, C, D
e. Hepatitis A, B, C, D, E

Ans:b

177. A 4 year old child presents with the complaints of fever, vomiting, refusal to eat and pain abdomen for the last 3 days. Further questions reveal that the child was well before and has been vaccinated according to EPI schedule. On examination, he has a temperature of 99.5 F. He is mildly dehydrated. Eyes show yellow tinge on sclera. On abdominal examination, liver is palpable by 4 cm below the right costal margin and is tender. Spleen is not palpable. What is your most likely clinical diagnosis in this child?

a. Viral Hepatitis A
b. Viral Hepatitis B
c. Viral Hepatitis C
d. Cholecystitis
e. Peptic ulcer

Ans:a

d. Glycogen storage disease
e. Acute leukemia

Ans:b

170. A four year old child presents with complaints of being short in his class. Expected (median or average) weight and height and of a four year old child is:

a. Weight 13 kg Height 90 cm
b. Weight 16 kg Height 100 cm
c. Weight 16 kg Height 90 cm
d. Weight 13 kg Height 100 cm
e. Weight 14 kg Height 95 cm

Ans:

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a. Serum alpha feto protein level
b. Nerve conduction studies
c. EMG (electromyograghy)
d. Karyotype / chromosome analysis
e. MRI scan Brain

Ans:d

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a. Mitral regurgitation
b. Patent Ductus Arteriosus
c. Pulmonary stenosis
d. Atrial septal Defect
e. Ventricular Septal Defect

Ans:e

173. A 5 year old child presents to the pediatric emergency with sudden onset of Jerky tonic-clonic movements of body for the last one hour. Parents say the child was well in the morning. On examination, his weight is 18 kg and he has a temperature of 98 F, child is unconscious with froth on his mouth. Mother mentions that he had a similar event one year back. Which medication will you use first to control the seizures in this child?

a. IV leviteracetam
b. Oral clonazepam
c. IV diazepam

d. IM phenobarbitone
e. IV Sodium Valproate

Ans:c

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a. No acute malnutrition
b. Moderate Acute Malnutrition
c. Severe Acute Malnutrition
d. Marasmus
e. Kwashiorkor

Ans:

175. A 4 year old child presents to the OPD with the complaints of swelling of face and body for the last 6 days. On examination, his face is puffy and edema on feet is present. His abdomen is distended and umbilical hernia is seen. Urine examinations reveals protein 3+ and no cells on microscopy, Blood tests show serum Na 135 mmol/l, K 4 mmol/l, albumin 2.2 m/dl, Urea 33 mg/dl and creatinine 0.35 mg/dl. Which specific treatment will you start in this child?

A. Furosemide
B. Multivitamins
C. Albumin infusions
D. Prednisolone
E. Captopril

Ans:d

176. Vaccination is available for which of the following viruses causing Hepatitis?

a. Hepatitis A
b. Hepatitis A,B
c. Hepatitis A, B,C
d. Hepatitis A, B, C, D
e. Hepatitis A, B, C, D, E

Ans:b

177. A 4 year old child presents with the complaints of fever, vomiting, refusal to eat and pain abdomen for the last 3 days. Further questions reveal that the child was well before and has been vaccinated according to EPI schedule. On examination, he has a temperature of 99.5 F. He is mildly dehydrated. Eyes show yellow tinge on sclera. On abdominal examination, liver is palpable by 4 cm below the right costal margin and is tender. Spleen is not palpable. What is your most likely clinical diagnosis in this child?

a. Viral Hepatitis A
b. Viral Hepatitis B
c. Viral Hepatitis C
d. Cholecystitis
e. Peptic ulcer

Ans:a

178. A 8 years old boy presents to the OPD with the complaints of being short in his class. On examination, weight of the child is 18 kg and his height is 110 cm. Which of the following data/investigations would be least useful to decide about the cause of short stature in this child,?

a Bone age (X ray wrist)
B T3, T4, TSH
C Anti Transglutaminase IgA
D. Serum Ferritin
E Serum Creatinine

Ans:e

179. The ultra-filtrate which is filtered through the glomerular capillary wall contains all of the following EXCEPT

A Albumin
B. Creatinine
C. Electrolytes
D. Glucose
E Low-molecular-weight proteins

Ans:a

180. A 2-year-old boy presents to your office with pallor and fatigue. His mother tells you that he is picky eater who drinks at least 32 oz of milk each day. His laboratory studies reveal a hemoglobin of 4.8 g/dL and a MCV of 51 FL. What is your diagnosis ??

a Iron Def anaemia
b. Macrocytic Aanaemia
c. Thalassemia major
d. Sideroblastic ananemia

Ans:a

181. Which of the following methods offer more precise information regarding urine protein excretion?

A. Dipstick testing
B. Frothy urine
C. Micro albumunuria
D. Spot protein creatinine ratio
E 24 hr urine for protein excretion

Ans:d

182. A three year old child presents to the pediatric emergency with inability to walk for the last three days. Parents tay the child was well before. On examination, his weight is 12 kg and he has a temperature of 98 F. He is conscious and crying. He does not put his right leg on the ground. Tone in right lower leg is decreased and in and reflexes are not elicited. Your initial diagnosis is Acute Flaccid Paralysis (AFP). Which of the following investigations will you perform as advised by the Poliomyelitis surveillance Program of the country?

a. Serum electrolytes
b. Nerve conduction studies

c. Electromyography
d. Stool examination for viral isolation studies
e. CSF examination

Ans:d

183. Steroid resistance nephrotic syndrome is defined as failure to achieve remission after

A. 4wk of corticosteroid therapy
B. 6 wk. of corticosteroid therapy
C. 8 wk of corticosteroid therapy
D. 10 wk of corticosteroid therapy
E. 12 wk. of corticosteroid therapy

Ans:a

184. A 5-year old girl presents to ER with fever, convulsions and unconsciousness of one day duration. On examination she is pale, Glasgow coma scale is 8 and there are no signs of meningial Irritation and no focal neurological signs. The most likely diagnosis is:

a). Viral encephalitis
b) Pyomeningitis
c) Tuberculous meningitis
d) Cerebral malaria
e) Tetanus

Ans:d

185. A 5-year old boy presents with afebrile generalized tonic-clonic seizure lasting for 5 minutes. Previously he was healthy and had no such problem. On examination there is no abnormality. Your plan of management should be:

a) Start anticonvulsant therapy
b) Request for an EEG and wait for its report
c) Request for an EEG and start anticonvulsant therapy immediately
d) Request for EEG and MRI brain
e) Request for EEG and CT brain

Ans:d

186. A 7 year old boy came to OPD with history of difficulty in rising up from sitting position. Examination reveals hypertrophy of calf muscles with trendelenburg gait. The most likely diagnosis is:

a. Duchene Muscular Dystrophy
b. Becker Muscular dystrophy
c. Celiac disease
d. Cushing Disaese

Ans:b

187. A 10 year old boy presents with cough and shortness of breath for the last 2 days. On examination intercostal recessions are visible. Auscultation reveals bilateral rhonchi in the chest. Most likely diagnosis in this child would be:

a. Pneumonia

b. Asthma
c. Bronchiolitis
d. Influenza
e. Covid 19 infection

Ans:b

188. A 10 years old girl presented with fever and bruises for last 2 weeks. On examination she is pale; however there is no evidence of lymphadenopathy or hepatosplenomegaly. Her Hb is 6g/dl, TLC is 2700 and platelets are 90000. The most appropriate investigation to dinch the diagnosis is:

a) Bone marrow aspiration
b) Retics count
c) Bleeding time
d) PT and APTT
e) Factor VIII assay

Ans:c

189. A 12 months old boy presents with poor eating for the last 4 months and diarrhea for the last 15 days. Mother has noticed blood in stool today. Weight of the child is 5.5 kg and length is 70 cm. His MUAC (mid upper arm circumference is 110 mm). The correct management of this child will include all the following EXCEPT?

a. IV fluids 100 ml/kg/day
b. ResoMal for rehydration
c. Antibiotics
d. Vitamin A
e. RUTF (Ready to use therapeutic food)

190. A 5 months child is brought for routine care. During auscultation of heart you find a short systolic murmur at left upper sternal border with soft 2nd heart sound. The most likely diagnosis is?

a) Ventricular septal defect
b) Atrial septal defect
c) Patent ductus arteriosus
d) Pulmonary stenosis
e) Aortic regurgitation

Ans:d

191. A 2 years old girl presents with blue discoloration of nails and lips. On examination she is cyanosed and clubbed, heart auscultation reveals a short systolic murmur at left upper sternal border. The most likely diagnosis is?

a) VSD
b) Tetrology of fallot
c) Tricuspid atresia
d) Trunchus arteriosus
e) Pulmonary stenosis

Ans:b

192. A 6 year old boy presents in emergency with cough and shortness of breath for the last 2 days. He had a similar episode one month before. On inspection, his respiratory rate is 45 per minute and intercostal recessions are visible. Auscultation reveals bilateral rhonchi in the chest. First step in the management of this child should be:

a. Oral medications
b. Nebulise with Salbutamol
c. Nebulise with Beclomethasone
d. Nebulise with ipratropium
e. IV aminophylline

Ans:b

193. A full term baby boy brought by his mother develop at 2nd day of life. His serum bilirubin is 12 mg. On examination baby is healthy and feeding well. Most likely diagnosis

a. Physiological jaundice
b. ABO incompatibility
c. Breast milk jaundice
d. Hypothyroidism

Ans:a

194. 5 days old baby vomited dark red blood twice over past 4 hrs. He is active and feeding well he is on exclusive breast feeding

a. Esophagitis
b. Gastritis
c. duodenal ulcer
d. Hemorrhagic disease of newborn

Ans:a

195. Commonest cause of bacterial pneumonia in infancy

a. Influenza type b
b. Streptococcus
c. Staphylococcus
d. Pseudomonas

Ans:b

196. 1 yr old child presented with pallor.He is on breast milk only.On examination there is no lymphadenopathy and hepatomegaly but he has splenomegaly. On investigation his HB 7g/dl MCHC 40 and peripheral film shows abnormal shaped cells. The most likely diagnosis would be

a. Hereditary spherocytosis
b. Iron deficiency anemia
c. Thalassemia major
d. Acute leukemia

Ans:a

197. In neonatal Respiratory distress syndrome

a. Surfactant is useful in the treatment

b. It is rare in infant below 28 weeks gestation
c. Antenatal steroid are not beneficial
d. Maternal diabetes does not increase the risk

Ans:a

198. A 2 yrs old boy presented with acute watery diarrhea since last 2 days.He is irritable but able to drink.Optimal treatment option is

a. ORS
b. I/V ringer lactate
c. I/V antibiotics
d. Stop oral feeds

Ans:a

199. A 2 yrs old female child presented with H/O recurrent diarrhea for last 6 months weaning was started at the age of 1 yr. There is also pallor and weight loss O/E child is having gluteal muscle wasting and protuberant abdomen. Which of the following test will confirm the diagnosis

a. Ileal biopsy
b. Jejunal biopsy
c. Anti endomysial Abs
d. Anti tissue transglutaminase Abs

Ans:b

200. A 2-year-old child is brought having fever, cough and dysphagia. He is toxic looking. On examination of throat, the tonsils are covered with a grayish membrane. Child was incompletely vaccinated for age. Most likely diagnosis is:

a. Acute epig ottitis
b. Acute croup syndrome
c. Diphtheria
d. Tetanus
e. Oral candidiasis

Ans:c

201. 1-year-old infant is brought with high grade fever for 5 days having suffused conjunctivae and a Macular rash appearing on face and neck. Elder sibling is recovering from similar illness. What is the most likely diagnosis?

a. SLE
b. Kawasaki disease
c. Measles
d. Scarlet fever
e. Drug rash

Ans:c

202. Blood in loose stools can be seen in diarrhea caused by following organisms except

a. E.coli
b. Vibrio cholera
c. Salmonella

d. Shigella
e. Campylobacter

Ans:b

203. An 8 months old baby has cough and breathing difficulty. His R/R is 70/min. There are subcostal recessions. Most likely diagnosis according to WHO ARI classification is:

a) Very severe disease
b) Severe Pneumonia
c) Pneumonia
d) No pneumonia
e) Septicemia

Ans:b

204. A baby boy is born at 32 weeks of gestation to a primigravida mother who has had a history of leaking per vaginum for 2 days. Most likely cause of premature birth is:

a) Chorioamnionitis
b) Fetal congenital heart disease
c) CPD
d) neonatal asphyxia

Ans:a

205. A 5-year-old child presented to pediatric emergency with history of fever for 2 days, seizures and altered sensorium since morning. Clinical examination revealed GCS of 13/15, neck stiffness and positive Babinski. Blood picture shows leukocytosis and CSF examination is as follows: Color cloudy, polymorphs > 90%, glucose 20mg/dL, protein 124mg/dL.
What do you think the child is suffering from?

a) Brain abscess
b) Bacterial meningitis
c) Tuberculous meningitis
d) Viral encephalitis

Ans:b

206. A five-year-old girl is has multiple bruises since the last 2 days. There is no history of trauma or fever. There is no history of such lesions in the past. On examination, she is active and alert with stable vital signs. There is no lymphadenopathy or hepatosplenomegaly. Blood complete picture shows Hb of 11.8 g/dl, TLC 8.5 X 107 and Platelet count 25 x 10*/L.
What is the most likely underlying pathology?

a) Henoch-Schoenlein Purpura.
b) Hemophilia.
c) Immune thrombocytopenic purpura.
d) Von Willebrand Disease.

Ans:c

207. A 2-week-old baby girl is brought to the emergency department with a history of forceful vomiting after feeding. Vomitus is non-bilious and non-bloody. The patient continues to breast feed hungrily. On physical exam the newborn appears to be mildly dehydrated. Her temperature is 98.0°F and pulse is 130/min. The abdomen is soft, and an olive shaped mass is palpable in his right upper abdomen, no visceromegaly appreciated. What is the most likely diagnosis?

a) Achalasia
b) Duodenal atresia
c) Hirschsprung disease
d) Pyloric stenosis

Ans:d

208. A 5-year-old boy had a febrile illness 2 weeks ago, which had resolved spontaneously within 4 days. He has been well since over a week. Since yesterday, he has developed pain and weakness in both lower extremities. Today, he is also complaining in the upper extremities. What is the most likely diagnosis?

a) Guillain Barre Syndrome
b) Poliomyelitis
c) Poor antenatal care
d) Primiparity

Ans:a

209. A newborn is born with a lumbosacral meningomyelocele in your hospital. In order to note any associations, he must be investigated with which one of the following investigations?

a) Chest X Ray
b) Complete blood count
c) Echocardiography
d) Ultrasound brain

Ans:d

210. An eighteen-month-old child presented to emergency department. Mother gives history of excessive crying and irritability for last 15 days. He is mainly taking cow's milk with poor intake of vegetables and fruits in his diet. Now he refuses to walk and has tenderness in both legs. On examination, there are multiple petechiae over the body and bleeding gums.
What is the most likely diagnosis?

a) Beriberi
b) Scurvy
c) Rickets
d) Pellagra

Ans:b

211. Which of the following is recommended as a treatment for a child diagnosed with celiac disease?

a) Age-specific gluten-free vitamin and mineral supplements

b) Lifelong adherence to a gluten-free diet
c) Management of complications and related symptoms
d) Medical nutrition therapy provided by a dietician

Ans:b

212. A 2-year-old boy is noted to have mild cyanosis, mother gives history that assumes a squatting position during long walking. He presented to emergency department with deepening cyanosis, increased fussiness and altered consciousness. On physical examination heart rate is 130/min, respiratory rate is 45/min, SaO2 80%, and no murmur is audible. Chest x ray shows decreased lung markings.
The most likely underlying lesion is?

a) Transposition of great arteries
b) Tetralogy of Fallot
c) Tricuspid atresia
d) Truncus arteriosus
e) Transverse myelitis

Ans:b

213. You are working in a BHD (Basic Health Unit). A 3 year old unvaccinated child presents with the complaints of fever for the last 4 days and a unable to take milk feed for the last one day. On examination, he has a temperature of 102 F. HIS respiratory rate is 50 per minute and chest in drawing is present. A harsh inspiratory stridor is heard with respiration. His oxygen saturation by pulse oximeter is 80%. According to IMNCI (Integrated Management of Childhood Iiness) guidelines, which of the following treatment will you advise to this child?

a. IV fluids for dehydration
b. IM Benzyl Penicillin
c. Oral Amoxycillin
d. Salbutamol Nebulization
e. Refer urgently to hospital

Ans:e

215. A one-year-old child is brought to you with concerns of delayed development. On examination, you note that that he has a pincer grasp, and is interested in playing "peek-a-boo". He can crawl, cruise but cannot take independent steps. He can say "Mama-Dada" nonspecifically but has no intelligible words. What is the approximate developmental age of this child?

a) 1 year
b) 9 months
c) 15 months
d) 6 months

Ans:

216. A 3-year-old boy presents with history of low-grade fever since 4 weeks. He has a mild cough and some weight loss. On chest X-ray, there is right sided hilar adenopathy What is the most probable diagnosis?

a) Foreign body

b) Lymphoma
c) Pncumonia
d) Pulmonary tuberculosis

Ans:d

217. A mother comes to you for feeding advice for her 6-month-old son. Her son has been exclusively breast fed for the first 6 months of life. She is returning to work and has decided to stop breast feeding. She is starting the baby on cow's milk. What is your advice?

a) Cow's milk can be given but must be diluted
b) Cow's milk can be started at 9 months of age
c) Cow's milk can be given (undiluted)
d) Cow's milk is not appropriate for the baby at this age

Ans:

218. A 2-year-old boy is brought to you with the complaint that is nonverbal; he is only able to babble but has no intelligible words. The rest of his development is normal. He is generally in good health, although he has had 8 episodes of otitis media over the past year.

What is the most appropriate next step?

a) Antibiotics
b) CT/MRI brain
c) Hearing screen
d) Reassurance

Ans:

219. A 6-year-old boy has had intermittent episodes of cough since the past 6 months. He has nighttime cough about once a month, and daytime cough less than once a week. His peak expiratory flow is <80%.

Which treatment option is most appropriate?

a) Inhaled beta-2 agonist as needed
b) Inhaled beta-2 agonist plus inhaled corticosteroid
c) Oral steroids plus cromolyn sodium
d) Patient education and environmental control

Ans:b

220. A baby boy is born to a multigravida mother following an uneventful pregnancy. He is noted to be deeply jaundiced at 16 hours of age. On clinical examination he is lethargic and has jaundice, extending to his feet and hands. His mother's blood group is o negative. His serum bilirubin level is 522 mmol/l.

What is the most appropriate next step in managing this baby?

a) Reassure the mother that it is normal for babies to have jaundice and call her after 48 hours
b) Start phototherapy and prepare for immediate exchange transfusion
c) Start phototherapy
d) Stop breast feeding, start IV fluids and give phototherapy

Ans:b

221. A 14-month-old boy is brought by his mother with cough and difficulty in breathing, On examination, his respiratory rate is 45 breaths per minute, and there is chest in-drawing. There is audible wheezing. He is refusing all food and has vomited once since this morning.

According to the IMNCI, how would you classify his illness?

a) Bronchiolitis
b) Cough or cold
c) Pneumonia
d) Severe Pneumonia

Ans:d

222. A 3yr old child presents with fever since 2 days followed by an episode of generalized tonic clonic seizure lasting for 3 minutes 1 hour back. On examination temperature is 101F, congested throat and no signs of meningeal Irritation. What is the most likely diagnosis?

a. Cerebral malaria
b. lipilepsy
c. Febrile fit
d. Hypocalcemic fit
e. Pyogenic meningitis

Ans:c

223. A 3 year old boy is seen with bruises over lower limbs for last 1 week. He had sore throat 2 weeks back which settled by itself. He is active, afebrile with no visceromegally. Most likely diagnosis?

a. ALL (Acute Lymphoblastic leukemia)
b. DIC (disseminated Intravascular coagulation)
c. Idiopathic thrombocytopenic purpra
d. Meningococcemia
e. SLE (systemic lupus erythematosis)

Ans:c

224.A four years old girl is having nose bleed & skin bruises for last 1 week. She used to have skin bruises after minimal trauma off & on. O/E; she is afebrile ,well looking & has few insignificant cervical lymph nodes. Liver is soft in consistency & just palpable. What is the likely diagnosis?

A. ITP
B. von Willebrand disease
C. ALL
D. DIC

Ans:b

225. A 3-year-old girl presents to outpatients with mild developmental delay and pallor. She has pica (i.e. she eats non-food substances), but is otherwise well. Select the most likely diagnosis.

A. Aplastic anaemia
B. G6PD deficiency
C. Iron-deficiency anaemia

D. Sickle-cell anaemia

Ans:c

226. Good prognostic features of ALL at presentation include:

A. High TLC
B. Female sex
C. Age < 1 yr
D. Testicular enlargement

Ans:b

227. A new born who has persistent jaundice and constipation. His voice is hoarse and tongue is large size. Which of the following will help you in diagnosis of the underlying cause:

A. T□ & TSH
B. Blood culture
C. HIDA scan
D. Liver Function test

Ans:b

228. An 11-year-old boy is being investigated for short stature. Both of his parents are of normal height. His bone age is delayed by more than two standard deviations from normal, and his growth rate remains in the lowest range of normal. All other investigations are normal. Select the most likely diagnosis for possible cause of short stature.

A. Growth hormone deficiency
B. Familial short stature
C. Constitutional growth delay
D. Deprivation dwarfism

Ans:c

229. The average weight gain in 1st 3 months of life/week is:

a. 80 gm
b. 120 gm
c. 150 gm
d. 180 gm

Ans:d

230. Which of the following definitions is correct?

A. Stillbirth: death *in utero* prior to the complete expulsion of products of conception.
B. Neonatal death: death of a live-born infant in the first 28 days.
C. Premature infant: an infant weighing ≤ 2.5 kg at birth.
D. Perinatal death: includes both death *in utero* after 20 weeks gestation (or birth weight ≥ 400 g) and death after delivery in the first 28 days of life.

Ans:b

231. A 1700 Gm infant was asphyxiated at birth & after successful resuscitation had numerous apneic spells. On 3rd day of life ,the infant begin to vomit, & abdominal distention & bloody stools were noted.The most likely diagnosis is

a. Hirschprung disease
b. Intussusception
c. Necrotizing enterocolitis
d. Volvulus

Ans:c

232. ***The term 'preterm' is used if the gestational age is less than***

A. 35 weeks
B. 36 weeks
C. 37 weeks
D. 38 weeks

Ans:c

233. The parents of a 3-year-old child are worried about the child's apparent clumsiness with frequent falls and a waddling gait. The child had normal development of motor skills during the first year of life and has normal language development. Which of the following is consistent with Duchenne muscular dystrophy?

A. Female sex
B. Hypertrophy of the quadriceps
C. 22-year-old sister with Becker muscular dystrophy
D. Gower sign

Ans:d

234. A 10-month-old boy presents to the ED with a 1-day history of fever to 104°F (40°C), increased irritability, decreased breast-feeding, and refusal of solid foods. The parents brought him in after two 30-second episodes of generalized jerking that occurred over a 20-minute span. Your examination reveals an awake but lethargic infant. The anterior fontanelle is flat, the tympanic membranes and oropharynx are moist and not erythematous, the lungs are clear, and the heart and abdominal examinations are normal. He has no focal neurologic findings. Which of the following is the best next step in management?

A. Intravenous ceftriaxone
B. Computed tomography of the head
C. Discharge from ED to follow up with his primary care provider in 24 hours
D. Lumbar puncture

Ans:d

235. An injury to the cerebral cortex or motor pathways leads to which type of cerebral palsy?

A. Athetoid CP
B. Spastic CP
C. Ataxic CP

D. Intractable seizures

Ans:b

236. A 6-month-old boy presents with brief sudden contractions that result in flexion of the body. The attacks occur in clusters. He also appears to have developmental regression. From the list of options below, please select the most likely diagnosis

A. Infantile spasms
B. Simple partial seizure
C. Complex partial seizure
D. Absence seizure

Ans:a

237. A 4 years old boy presents with inability to stand & walk for last 2 days & inability to sit for last 1 day. One week ago he had an episode of AGE.O/E; there is a generalized hypotonia with absent deep tendon reflexes. What is the most likely diagnosis?

a. Polio
b. Guillian barre syndrome
c. Transverse myelitisM
d. Botulism

Ans:b

238. A 7 years old girl has been passing red urine since last night. She had high fever & pharyngitis 4 weeks ago for which she was taking treatment from a local practitioner. She used to have recurrent throat infection over last 2 years.O/E; she has puffy eyes & mild ankle edema, Pulse = 120/min & BP = 130/90 mmHg. Chest is clear & she has no ascites.What is the most likely diagnosis?

A. Nephrotic syndrome
B. Acute Post streptococcal glomerulonephritis
C. Ig A nephropathy
D. Henoch schonlein purpura

Ans:b

239. A 5 years old girl presents with generalized body swelling starting 1st from periorbital region.O/E; there is generalized edema, BP= 110/60 mm Hg. Urine analysis reveals + 4 proteinuria.What should be your next investigation?

a. 24 hours urine for protein
b. Urea,electrolytes & creatinine.
c. Urine culture
d. USG kidneys

Ans:a

240. A term male is born to a 33-year-old woman who had little prenatal care. Immediately after birth he has cyanosis and respiratory distress. Chest auscultation in the delivery room reveals right-sided heart sounds and absent left-sided breath sounds. Which of the following is the most likely diagnosis?

A. Left pneumothorax

B. Pulmonary hypoplasia
C. Congenital diaphragmatic hernia
D. Congenital pneumonia

Ans:c

241. Intussusception is *most* likely to be present in which of the following patients?

a. A healthy 15-month-old with severe paroxysmal abdominal pain and vomiting
b. A 15-year-old sexually active girl with lower abdominal pain
c. A 6-hour-old term infant with choking, coughing, and cyanosis
d. A 4-day-old premature baby (33-week gestation) who has recently started nasogastric feeds; he now has abdominal distention, bloody stools, and thrombocytopenia

Ans:a

242. A 6-week-old male infant has projectile emesis after feeding. He has an olive-shaped abdominal mass on abdominal examination. Which of the following statements is accurate?

A. He likely has hypochloremic metabolic alkalosis.
B. He likely has metabolic acidosis.
C. This condition is more common in female infants.
D. He likely will develop diarrhea.

Ans:a

243. A 6 months old previously well infant developed an episode of viral GE 15 days back, since then he has ↑ed frequency of stools with perineal rash. He is active & afebrile. Stool pH= 5.0 & reducing substances are +ve.What is the diagnosis?

A. *Giardiasis*
B. Cow's milk intolerance
C. Celiac disease
D. Lactose intolerance

Ans:d

244. A 3-year-old girl presents with a history of chronic diarrhoea and weight loss. She is a fussy eater and does not like bread or pasta. Select the most likely test result.

A. Reducing substances in stool
B. Stool rotavirus positive
C. Delta F508 mutation
D. IgA anti-endomysial antibody positive

Ans:d

245. A 6 years old boy reports in paediatric OPD complaining of persistent jaundice & gradual decrease in school learning activity for last three months.

Parents also noticed jerky movements of hands & feet over last one week. O/E; he is icteric, has prominent choreiform movements of hands: He has monotony in speech. His liver & spleen are palpable & firm in consistency. Two elder siblings died at 10 year & 12 years of age with similar complaints.

a. Wilson disease
b. Glycogen storage disease
c. Gaucher disease
d. Niemann pick disease

Ans:a

246. Which of the following markers is usually the first viral marker detected after hepatitis B infection?

A. HBeAg
B. HBsAg
C. HBcAg
D. Anti-HBc

Ans:b

247. A 4 months old infant develops, over a period of 24 hours, tachypnoea,chest recessions, widespread crepitations & expiratory rhonchi.Chest X-ray suggests hyperinflation of lungs. What is the likely diagnosis?

a. Acute bronchiolitis
b. Pneumonia
c. Forgein body inhalation
d. Whooping cough.

Ans:a

248. A 4 years old boy referred to paediatric emergency for high fever, stridor, hoarseness of voice and excessive drooling of saliva.On examination he is sick looking and has marked respiratory difficulty. His TLC is 20,000/mm³ with 80% polymorphs.Your first clinical suspicion will be

a. Foreign body inhalation
b. Pneumococcal pneumonia
c. Acute Epiglottitis
d. Infectious mononucleosis

Ans:c

249. A 20 months old boy C/O sudden onset of harsh brassy cough brought to hospital at 0300 hrs in morning, cough associated with noisy breathing & unable to take any feed. He had common cold 2 days ago & treated with medicines, also H/O difficulty in swallowing. O/E; an irritable & uncomfortable child with stridor & breathlessness & temp; = 100°F. What is the likely diagnosis?

A. Acute epiglottitis
B. Acute viral laryngotracheobronchitis

C. Acute bronchiolitis
D. Whooping cough.

Ans:b

250. One year old boy came with four days H/O fever, cough,pain abdomen & vomited once.O/E; a miserable, toxic & flushed child having fever=100°F, pulse = 140/min, RR=62/min,BP= 85/60 mmHg. Dullness to percussion with ↓ breath sounds & crepts on right chest. Hb=10 Gm%, TLC=25000/mm³ with Neutrophils = 63%.What is the most likely diagnosis?

a. Acute bronchiolitis
b. Pneumonia
c. Acute epiglottitis
d. Foreign body

Ans:b

251. When weaning an infant (changing from purely milk feeds to a normal diet):

A. Cow's milk not introduced before 18 mon age.
B. weaning diet will fully replace milk diet by 1 year.
C. Foods such as eggs should be avoided.
D. Food should be liquidized until 18 mon age.

Ans:c

252. Keratomalacia is caused by the deficiency of vitamin

A. Vitamin-A
B. Vitamin-B
C. Vitamin-C
D. Vitamin-D

Ans:a

253.

a. X-ray wrist for ends of long bones.
b. Phosphorus level
c. Vitamin-D level.
d. Bone scan.

Ans:a

254. A 2 years old boy is referred to paediatric OPD for failure to thrive for last 2-months. His feeding has much ↓ & he has become very irritable. O/E; his weight = 6 kg,hair dry & sparse,skin scaly & pigmented.Odema of feet & face is prominent. What is your diagnosis?

a. Marasmus.
b. Kwashiorkor.
c. Marasmic Kwashiorkor.
d. Psoriasis.

Ans:c

255. A 12 years old boy in flood affected area presented with high grade fever for 5 days,headache,myalgia & arthralgia followed by rash,cough & sore throat.O/E: conjunctival injection,pharyngeal erythema with petechaei on legs & arms. Investigations: Hb=9 Gm/dl, WBC=2,000/mm³, platelet count=70,000/mm³, SGPT=80 IU/L.What is the most likely diagnosis?

A. Malaria.
B. Typhoid fever.
C. Brucellosis.
D. Dengue fever.

Ans:d

256. A 1 year old child, 3-day H/O malaise,fever(106°F),cough,coryza & conjunctivitis,then develops erythematous maculopapular rash over face & trunk,white pinpoint lesions on a red buccal mucosa opposite lower molars.which of the following is the most likely diagnosis?

A. *Rubella*
B. *Parvovirus*
C. *Varicella*
D. *measles*

Ans:d

257. A 14-yrs old girl,H/O mild sore-throat,low grade fever & a diffuse maculopapular rash.During next 24hrs,she develops tender swelling of wrists & redness of eyes,mild tenderness & marked swelling of post cervical & occipital L.nodes.4-days later rash vanished.which of the following is the most likely diagnosis?

A. Rubella
B. Measles
C. Varicella
D. Erythema infectiosum

Ans:a

258. A 9 years old boy presents with ataxia & a vesicular rash that starts on his chest & gradually spreads out to his arms & legs in crops.Select the most appropriate diagnosis.

A. Chicken pox
B. Measles
C. Impetigo contagiosa
D. Erythema infectiosum

Ans:a

259. A four years old unvaccinated boy has been having cough in episodes for last two weeks. During episodes of cough, his face became red and followed by inspiratory sound . TLC = 40,000/mm³ with 80% lymphocytes, fever is of mild intensity. Our likely clinical diagnosis in this case is:

a. Tuberculosis
b. Whooping cough
c. Pneumococcal pneumonia
d. Mycoplasma pneumonia

Ans:b

260. A 17-year-old girl is 4 ft 10 in tall. Her father is 5 ft 10 in tall and her mother is 5 ft 5 in tall. Her past medical history is significant for lifelong short stature and cardiac surgery at the age of 1 year. She has never had a menstrual period. Which of the following is the most appropriate first action ?

A. Chromosomal analysis
B. Serum testosterone levels
C. Thyroid function studies
D. Ultrasonogram of the abdomen

Ans:a

261. Which of the following is the karyotype of Klinefelter's syndrome?

A. 45 XO
B. 47 XXY
C. 47 XYY
D. 47 XXX

Ans:b

262. One month old boy from a 40 years old mother has motor and mental delay. On examination his nose is depressed, has generalized hypotonia and single palmer crease. Which of the following will confirm his diagnosis?

a. Alpha fetoprotein level
b. MRI of brain
c. ECHO cardiography
d. Chromosomal analysis

Ans:d

263. An eight years old girl came with H/O of painful swelling of right knee for five days. Her left ankle has also developed painful swelling since morning but now her knee hurts less. She had an episode of sore throat three weeks back. O/E; 1st heart sound is muffled & a grade-III pansystolic murmur at apex radiating to axilla is heard.What is the underlying cardiac lesion?

A. Ventricular septal defect.
B. Patent ductus arteriorus.
C. Pulmonary stenosis.
D. Mitral regurgitation.

Ans:d

264. A 4 months old boy C/O not gaining weight, exclusively breast fed & sweats profusely while taking feed, treated for bronchopneumonia at 2-mons age.

O/E ; weight = 4Kg, pale looking, irritable child, Grade-III pan-systolic murmur at LSE with loud 2nd heart sound at pulmonary area. What is your diagnosis?

A. ASD
B. PDA
C. VSD
D. Coarctation of aorta

Ans:c

265. A 3 years old cyanosed baby with grade-4 clubbing having ejection systolic murmur of grade 4/6 at upper left sternal border has developed right sided weakness of sudden onset.What is the likely cause in this situation.

A. CVA.
B. Cereberal abscess.
C. Polycythemia.
D. Dehydration.

Ans:b

266. A father brings his 2-year-old child to the emergency center believing she has a mass in her abdomen. She has had less energy than usual, a decreased appetite, and pallor with dark circles under her eyes. Physical examination reveals a large abdominal mass that crosses the midline, periorbital ecchymoses, and proptosis. Which of the following is the most likely diagnosis?

A. Hepatoblastoma
B. Lymphoma
C. Neuroblastoma
D. Wilms tumor

Ans:c

267. A previously normal African-American army recruit was assigned to Southeast Asia and given malarial prophylaxis. He experienced pallor, fatigue, and dark urine. His hemoglobin level decreased from 14.8 to 9 g/dL. The most likely diagnosis is

A. Hereditary spherocytosis
B. Sickle cell disease
C. Beta thallassemia major
D. G-6-PD deficiency

Ans:d

268. A 2 years old boy presents to you for exam;On auscultation of heart you find fixed splitting of 2nd heart sound & grade 4/6 systolic murmur at pulmonary area.What is your diagnosis?

A. PDA
B. ASD
C. Coarctation of aorta
D. VSD

Ans:b

PAEDS MCQS POINTS:

1. GROWTH AND DEVELOPMENT

1. Growth in infancy depends on Nutrition; in Childhood it depends on Hormones and puberty (Sex Hormones).

2. Newborn loses 10% of weight in 1st wk of life. but then it gains, doubles by 6 months and triples by 1 yr age.

3. Boys highest growth stops at 18yrs. Girls: 16 yrs.

4. Peak Growth: Boys (13.5) Girls (11.5yrs)

5. Weight is Most common parameter used to measure Growth but it is less accurate, Height measured while lying (less than 2 yrs children); while standing (>2yrs old)

6. Head circumference is checked till 1 yr of age.

7. Weight/Height if <5% percentile = Single best growth curve indicator for Acute Malnutrition.

8. BMI is clinical tool to classify Under or overweight.

9. Adolescence (13-19 yrs) = Puberty to Adulthood period. Period of psychological maturation. Physical and mental growth occurs.

10. puberty depends on Genes/Nutrition/ Gender.

11. Breast Development is first sign of puberty in girls. First Thelarche->Pubarches->Growth Spurt >Menarche.

12. Enlargement of testicles by 2cm is first sign of puberty in boys. In boys, growth spurt occurs 2 yrs later than girls

13. Delayed Puberty: Constitutional delay or physiologyical delay is most common cause.

14. athletic women has delayed puberty may be because of high level of prolonged physical exertion.

15. Precocious Puberty - Most common cause is IDIOPATHIC. Rx: Block Puberty with medication until appropriate age for puberty has come

16. Short Stature: Three Causes;

A. Constitutional Growth Delay: Normal Height parents. These kids have normal final height as well but just delayed Puberty.
B. Familial Short Stature: Family Hx of short stature.
C. Pathological short stature: Normal Growth at beginning but declines later before age.

2. NUTRITION

1. Growth chart - Best Tool to monitor and promote growth. WHO IMNCI growth chart uses weight for age as an index for assesment.

2. A baby should gain atleast weight of 500gms/month during first six months of life.

3. Most common feeding practice is mixed feeding (breast milk + water).

4. Most common prelacteals used in our society are HONEY/WATER/GHUTTI.

5. Human milk contains. high carbohydrate/ low protein/ less casein/Low content of Minerals and is rich in cysteine and taurine.

6. Benefits of Breast Feeding Maternal: Postpartum wt. loss + Bonding + sense of well being + decreased breast, dec. ovarian cancer and dec. Diabetes Mellitus risk.

7. Benefits of breast feeding in baby: Ideal food + Decreased Infections (Antibody protection) + reduce allergy and DM risk.

8. Disadvantage of bottle feed: Diarrhoea + Malnutrition (Cow's milk is over diluted).

9. Position of breast feeding: Baby's Head and body should be in straight line and baby body close to mother's.

10. Attachment is position in which baby takes the breast in his mouth. Most Areola is seen above his face and less below. Mouth Wide Open. Chin Touches Breast.

11. Breast Feed contraindication : HIV/ HSV/CMV/ Breast Cancer/TB.

12. In TB case; Breast feeding can be started after 6 weeks of anti TB drug.

13. Breast Feeding is not contraindication in MASTITIS.

14. Insufficient Milk syndrome : Anxiety is most common cause. Features : Crying child + Breasts feel empty + Child restless during feeding + Mother is not confident about her milk supply. Rx: Reassure Mother.

15. Breast Engorgement: delayed initiation or Poor attachment of baby to breast Features: Painful shiny breast with decreased flow of Milk, and Fever. Rx: Warm Compresses and Light Massage + Nurse long enough to empty breast. Resolves by 2 days.

16. Cracked and Sore Nipples: Painful nipples with fissures Rx: Avoid Soaps or breast creams. Apply

GENTIAN VIOLET 0.5% if fungal infection suspected.

17. Mastitis/Abscess: Staph aureus + Obstruction of lactiferous ducts + cracked nipples Features:

LUMP + Tenderness + Peau'd orange appearance. Rx: Continue Breast feed + Warm

Compress+ analgesics + antibiotics. INCISION AND DRAIN if abscess forms.

18. Goat's Milk is deficient in FOLIC ACID.

19. Baby Friendly Hospital Initiative: UNICEF program to promote Breast feeding among Mothers.

Early Breast feeding is recommended (within an Hour of birth) till 6 months(on breast feedexclusively) with frequent feeding 8-10times/day. Continue Breast Feeding till 2 years.

23. Complementary feeding should be started at 6months.

20. Calorie Requirment on infant = 110calorics/kg/day. At age of 4 yrs = 90 calories/ kg/day.

21. Vitamin A: fat Soluble; stored in Liver. deficiency leads to Impraired dark adaptation(first sign),Night Blindedness, Xerosis, Keratomalancia (softening and necrosis of cornea), Blindness (Vitamin A is 2nd most common cause of Blindness in World). Dx: Dark Adaptation Test to asses early stage vitamin A deficiency. Prevention: 500ug/day

(infants); children and adults - 600-1500ug/day. Rx: 200,00010 on day 1, 3 and 14. In severe protein malnutrition, gastroentritis and measles, give 200,000IU in Single DOSE.

22. Vit D Deficiency: Skin is Most important source. cause: Premature baby/Persistent diarrhoea /poor light expose.

23. Rickets: Most common in Toddlers. Features: delayed closure of fontanelle; frontal bossing; Hotbun cross appearance; Craniotabes, rickets rosary, green stick fracture, Waddling gait, Generalized Hypotonia, Pot Belly. Dx: Radiograph+ Calcium and phosphate levels + ALP. Rx: 600,00010 of Vit-D in a single IM dose. Prevention : Daily Light Exposure + 4001U/day orally.

24. Vitamin C:2-35mg/day are required.Essential for collagen. Scurvy (Gum Bleeding +Hemarthroses + Pseudoparalysis)

25. Iron Deficiency: Most common micronutrient deficiency in Pakistan. 50% of less than 5 yrschilden have Iron deficiency. Most common during 6-12months age. Preventive: Start IronSupplement at 2months of age in premature infants.

26. Zinc Deficiency: 35%children effected less than 5 yrs of age. Action : Boosts Immunity. Zn

deficiency causes decreased I and B cells and Acrodermatitis Enteropathica (Rashes at

mucocutaneous junction (oral and anogenital] + Diarrhoea); Rx: 150mg/day

27. Malnutrition: WHO Definition: Cellular imbalanceb.w supply of nutrients and energy and thebody's demand for them to ensure growth, maintenance and specific functions.

28. Growth chart : 2 standard deviation = Moderate Malnutrion; 3 SD = Severe

29. Gomez Classification uses wt. for age as an index. 34. Water Low Classification uses height for age as an index. 30. WHO classification uses weight for height and height for age as index.

31. MARASMUS: LOW Protein and carbohydrate intake. Usually Prior to 1 yr age. **Features: Loss of**

fats at bucccal/ orbital/ rib cage; Sunken eyes, Mood Changes, thrush and Monilial Diaper Rash with normal albumin levels.

32. Kwashiorkar: Occur Usually after 18months. Light Color haired and skin babies. Severely ill child with edema on dependant parts + Moon face + Flaky paint/crazy pavement dermatitis + Frequent Infection. Labs: Hypokalemic + Reduced Albumin + High lipoproteins. Cause of Death : Sudden cardiac Arrest.

-Poor Prognosis :

1. Albumin <lgm/dl;

2. Total Bilirubin >6mg/dl;

3. Na+ <120mmol/dl.

-Rx: treat

A. hypoglycemia + All hypothermic patient should be treated for hypoglycemia and infections simulatenously

B. Dehydration (RESOMAL is better than ORS because it has high K+ and low Na+)

C. Electrolytes imbalance (Give K+ and Mg+)

D. Infection (Ampicillin + Gentamicin for 7 days)

E. Refeeding (F-75, after 1 week F-100 feeding formula, if these are not available, give locally prepared HDD [high Density Diets] = 150calories/100ml).

3. METABOLIC DISORDERS

1. Juvenille DM - Most Common metabolic/ endocrine disorder of childhood. Girls and boys areequally effected. Peak incidence 5-7yrs and at time of puberty. 20-40% initially presents with diabetic ketoacidosis. Dx: Impaired: Glucose Tolerance Test : FBS = 110-126mg/dl; 2Hour OGIT: > 125 but < 200mg/dl. Diabetes: Symptoms + RBS > 200mg/dl, FBS >125mg/dl, and 2 hour OGIT > 200mg/dl. Rx: Insulin + Excercise + avoid dehydration, Cx: ketoacidosis + Microvascular (neuro / nephro / retinopathy) +hypoglycemia.

2. DKA : Hyperglycemia + Ketonemia + acidosis. Cause : Insufficient insulin/Infection Features: Kussmaul respiration + lethargy + polyuria and polydipsia + coma + fruity Odor Dx: Urine dipstick for Ketones; Blood Glucose (hourly monitor)

Rx: Rehydration (first step) + Insulin + Potassium (if low or normal range). Aim for Glucose lvl<100mg/dl

3. Cerebral edema : Headache + lethargy + Deterioration in mental state + non respondingpupils are often first sign. Rx: Mannitol + elevate head + Hyperventilate (until PCO2 = 25 - 27)

4. Phenylketonuria : Auto Recessive; Phenylalanic hydroxylase deficiency. Accumulation in Bodyfluid and CNS. SKin Rashes + Mouse Odor + Delayed mental / social skills Dx: Screening: Ferric chlrodie test and Guthrie test on Blood; confirmatory test: Plasma phenylalanic >20mg/dl (Best) and Urine phenylpyruvic acid. Rx: strict phenylalanine especially until 8 years of age.

5. HartNup Disease (Blue Diapers or Indicuria): Auto Recessive. defective tryptophan transportfrom Gut to blood and increased urine tryptophan loss. No trytophan= No Niacin => pellagra (3Ds : Diarrhoea: Dermatitis : Dementia); 3-9yrs children Usually but may present 10days after birth. Most children are asymptomatic. Clinical features: skin Rough and red on exposure/ pruritic rash/ depression. Dx: Neutral Aminoaciduria. Rx: High protein Diet + Nicotinic acid

6. Alkaptonuria: Black Urine when left standing = Hallmark of disease; Auto Recessive. Nogentisate 1,2-dioxygenase deficiency (fails to degrade tyrosine) => leads to Homogentistic acid (alkapton) accumulation in Joints (ochronosis leading to osteoarthritis); Heart Valve and Kidney (cause Stones). Dx: Increased honogentisic acid on urine with Normal tyrosine levels.

Rx: NITISONE (reduces alkapton) + Vitamin C. Restrict Phenylalanic and tyrosine DIET.

7. Galactosemia: Effects; Liver (failure and cirrhosis), kidney and Brain; 3 TYPES

1. Galactose 1 Phosphate uridyl transferance deficiency - Most common type.

2. Glactokinase 3. Uridine diphosphate galactose 4 epimerase.

8. Classic Galactosemia: serious disease + 2nd half of Ist week.

9. Galactosemia clinical Features: Improves on withdrawal of milk from diet + Nuclear cataract +

Risk for Ecoli Infection(sepsis) + Hepatomegaly + jaundice + lethargy + seizures. Dx: assay of enzyme GALT in RBC (confirmatory test); Prenatal = Amniocentesis and chorionic Villous Biopsy sampling. Rx: Exlusion of galactose from diet (breast feed/ cow's milk).

10. Mucopolysaccharidoses (MPS): Hereditary, progressive disease. Lysosomal enzyme defect. leads to Glyco-amino-Glycans (GAG) accumulation. All types are Auto Recessive except Hunter (Xlinked). Most Common subtype is MPS-III. Hurler syndrome MPS - 1: Cardiomegaly is most common cause of death; Enzyme assay in leukocytes and fibroblast - Best test to confirm diagnosis.

11. Wilson's Disease: Auto Recessive; Copper accumulation in Liver/Cornea/Blood/Kidney/brain due to deficiency of CERULOPLASMIN. 6 - 20 yrs of age. Clinical Features: Cirrhosis and chronic hepatits (starts at 5-10yrs of age/bradykinesia/dystonia/ KF corneal Ring/ Depression/ Mood changes/ cardiomgaly/ dyskrythmia Dx: Low Serum Ceruloplasmin <2mg/dl. (diagnostic) + increased Urine Copper (>100mg/24hours) and MRI of brain if neuro symptoms are present. Liver Biopsy is definitive test.

Rx: Pencillamine. + Zinc acetate (maintenance therapy)

12. Tay Sachs Disease: GM2 Gangliosidoses; Death by age 4 or 5. Most common in Ashkenazi Jews. Symptom appear by 3-6months. Hypercusis is early clinical sign. Dx: Brain biopsy (Ballooned appearance of neurons) + Enzyme analysis + Eye (Cherry red spot); Rx: No specific

13. Gaucher's Disease: Most common lysosomal storage disease. Glucosylceramide Accumulation. 3 Types: A:Type 1 or Non Neuropathic - Most common type. Pancytopenic picture + Hepatomegaly + Skeletal Weakness B: Type 2 or Acute Infantile Neuropathic : Extensive brain damage. spasticity, seizures, limb rigidity. Death by age 2 C: Type 3 (Chronic Neuropathic) - Slowly progressive with mild neuro symptoms. Dx: Enzyme analysis + Bone Marrow Exam + xray long Bones. Rx: ENZYME REPLACEMENT (only lysosomal disease to have a treatment with replacement) + BMT + correction of blood cytopenias

14. Niemann Pick Disease: Deficiency of sphingomyelinase, has 5 types. Most common type istype A (Acute Neuropathic). death by 2-4 yrs. Dx: Bone marrow biopsy (Foam Cells), Decreased sphingomyelinase activity in WBC n fibroblast culture (Diagnostic)

15. GLYCOGEN STORAGE DISEASES:

Von Gierke's (most common) The Main Goal of Treatment is to maintain normal glucose Level

STOARGE IN	TYPE	TREATMENT
LIVER	1,3,4,6	INFANTS= NG tube & glucose infusion CHILDREN & ADULTS= Frequent small carbohydrate meals eliminate fructose or lactose(type 1) Allopurinol (for increasing uric acid and Gout) liver transplant=type 4
MUSCLE	5,7	Limit strenuous exercise Improve exercise tolerance by oral glucose/fructose intake. injection of glucagon high protein diet
ALL ORGANS (*HEART)	2	supportive

COMMON SYPTOMS IN ALL;

1. Low blood sugarenlarged liver slow growth muscle cramps

2. MNEMONIC for Glycogen Storage Diseases:

Very Poor Casing And Metabolism of Hers

Note: casing refers to storage

I- Von Gierke's (Glucose - 6- Phosphotase deficiency)

II- Pompe's (lysosmal 1,4 glucosidase/lysosonal acid alpha D glucosidase)

III- Cori (1,6 glucosidase)

IV- Anderson (glycogen branching enzyme)

V- McArdles (Muscle GlycogenPhosphoylase)

VI - Hers disease (Hepatic Glycogen Phosphorylase)

VII - Tarui's Disease

3. Also this might help;

POMPe's trashes the PUMP (cardiomegaly)

HERS Disease-its Hepatic glycogen phosphorylase deficiency

McArdles- its Muscle Glycogen phosphorylase deficiency

Cori and Anderson: ABCD

A=Anderson B=Branching enzyme

C=Cori D=Debranching

TYPES	BUZZ WORD
Von gerkies	Osteoporosis and mouth ulcers.
Pompes	Heart failure by 18 months(heart muscle weakness)
ANDRESONS	Progressive Cirrhosis(death by 5 yrs)
MCARDLE	During exercise=muscle cramps after exercise=extreme fatigue acidity=myoglobiuria

4. NEONATALOGY

1. Periods

Neonatal: Ist day to 28th day of life Perinatal: 20th week of gestation to 7th day of life

Neonatal Mortality rate of Pakistan is = 42/1000 live births.

2. WHO recommends minimum 3 antenatal visits to hospital

3. Fetal Growth is monitored by: Mother's Weight Gain/ Fundal Height/Bi-Parietal Diameter on U/S

4. Average wt.gain during pregnancy = 10-12kg. Less than 8 kg weight gain is associated with

Low birth weight and increased mortality.

5. Fetal Movement is simple method of fetal assessment

6. Estriol in 24 hour sample of urine, if its value falls more than 35% = fetal / placental compromise.

7. Amniocentesis - 12-14 weeks of gestation. Uses : Karyotype + Inborn error of metabolism and surfactant levels.

8. Chorionic Villus Sample : 10-12 Weeks. Uses: Karyotype + Genetic diagnosis.

9. Birth Ashpyxia: Emergency; Brain Damage becasue of Low O2. These infants are completelylimb and dont move at birth at all. Most infants breath normally by 1 minutes of life. Causes: Prenatal Hypoxia; Umbilical Cord compression; preterm or difficult delivery; maternal anesthesia. High Risks: Material age <16yrs or >40 yrs / Alcohol Abuse / Preterm labor / DM / Hypertension. Clinical : Bluish cyanosed + Bradycardia + Hypotonia + Poor Response to stimulation.

10. There are two types of Asphyxia

A. Axphyxia livida : Baby is vigorous and cyanosed with increased heart rate (>100/min). Apgar Score 4-7.

B. Asphyxia Pallida: Pale baby with poor peripheral circulation. Heart Rate (<100/min) Apgarscore 0-3 and at great risk of dying unless actively resuscitated.

11. Treatment for asphyxia : Oropharngeal suction and deliver Oxygen (Procedure pg.54)

12. Drugs Used for Resuscitation: Epinephrine (HR <80 despite resuscitation / HR = 0); Bicarbonate(for acidosis), Blood/saline/ringers/hemaccel/albumin (for hypovolemia), Dopamine (inotropic), phenobarbitone(for seizure in infants, diazepam should be avoided)

13. APGAR SCORE at 1 min = For Infant's Vitality

APGAR SCORE at 5 and 15mins = Better Guide to Neurodevelopmental Outcome

14. APGAR of thoes with low 5 minutes score is signicantly betterthan those with same score at 10mins.

15. Caput Succedaneum: Edema crossing sututre line. Rx: self limiting, no treament.

16. Cephalohematoma: Hemorrhage under periosteum, no crossing mid line. Complication:

Hyperbilirubinemia may develop. Resolves in 3-4wks. Rx: no treatment.

17. Subaponeurotic fracture: fluctuant mass under aponeurosis; corssing suture line. Associatedwith Shock + hyperbilirubinemia.

18. Skull fracture: Linear Non depressed fracture with no Neuro problem, Most common in Infants.

Rx: not required

19. Intra Cranial Hemorrhage (ICH): Common is infants with weight <1500gm.

20. Subarachnoid: Most common form of ICH associated with birth traumas in infant. Well Lookingbaby with seizures. Rx:anticonvulsant.

21. Subdural Hemorrhage: Raised intracranial pressure + rupture of veins in dural space + Associated with deivery of large baby. Rx: Evacuation / subdural tap

22. Intraventricular hemorrhage - Most common in premature babies (<32 weeks)

23. Erbs paralysis (waiter's tip): C5-C6 roots; Only Grasp reflex is intant. Adducted + internallyrotated + elbow extended.

24. Klumkes paralysis: C7 C8 and 11. Grasp reflex is lost but bicep and radial reflex are positive.

Rx: Physiotherapy with wrist splintage. No improvement after 6 weeks = POOR PROGNOSIS.

25. Facial n. injury: cause: Use of Forceps; Angle of mouth is lower and asymetrical crying. Rx:

Most cases recover in first week of life. eye patch and drop to prevent keratitis.

26. Fracture of CLavicle: Recover without treatement; Most common fractured bone duringdelivery.

27. Moro's Reflexes: Lift head -> release suddenly -> baby's arms will fling out sideways with palmsup and thumbs flexed. Can't be elicited after 3-4 months.

28. Grasp relfex: light touch to palm, baby grasps finger. Disappears by 4-5months. if perists after

6months = cerebral palsy.

29. Rooting refex: Light touch on cheek; infant turns his head to stimuli. Disappears by 4-5months

30. Sucking Reflex: Premature baby may have week sucking reflex because they are not developed until 36th weeks of gestation.

31. Swallowing relfex: Milk in mouth is swallowed. weak in Preterm/ heavy sedated mother/hypoximic injury/ paralysis of soft palate.

32. Withdrawal reflex: it indicates integrity of sensory and motor system. Withdraws on PRICK.

33. Righting Relax: Trunk rotates to side of head rotation.

34. Asymmetric tonic neck reflex: Lasts 6 - 7 months.

35. Stepping Reflex: walking or dance reflex; disappears by 2-3months, Persistence beyond 6months indicated CP.

36. Gallant reflex: fades away b.w 4 - 6months. Baby swings toward stroked site of back skin.

37. Definitions: Gestatation age: 38 to 42 wks

Preterm: before 37 weeks; Post Term= 42 wks. Normal baby weight = 2500gm. Low birth weight= <2500gm; Very LBW: <1500gm; Extremely LBW: < 1000gm. Incredibly LBW=<750gm.

38. Small for gestation age: <10th percentile for gestation age. Symetrical SGA = global growth restriction; head circumference is in proportion to body. Indicates prolonged nutrition insufficiency.

Asymetrical SGA = Head grows at normal; while body grows very slowly. Disproportion

39. Large for gestation age: greater than 90th percentile.

40. LBW = 6-8 times greater mortality rate. 25-30% of all births in Pakistan. Causes Preterm and SGA.

41. Mother and Breast milk are key to survival of LBW infants + Kangaroo care (skin to skin care) +

Incubator (in hospital). LBW patients if hemodynamically unstable, Start IV fluids, then giveenteral feeds. Calorie intake should be atlesat 120kcal/kg. Feeing should within 4 hours.

42. Indication for hospitatlization for LBW pt : Weight < 1800gm / Premature <34 wks/ Unable tofeed/ Sick neonate

43. Problems in Newborn:

- Hyperbilirubinemia : Keep hydrated + phototherapy + exchange transfusion (in severe case) - Hypothermia: Rectal temperature <35C. Most common cause is lack of appreaciation for danger of hypothermia. Low Sugar + High K+ and High BUN. - Hypoglycemia: 30mg% in first 72 hours or < 40mg% is diagnostic. Feed early to prevent - Apnea: Most commonly occurs during 7 days of life. Idiopathic or assocaited with RDS/Hypogylcemia/spesis. Rx: Tactile stulation + theophylline orally + Nasopharyngeal CPAP + assisted ventilation (if continuous attacks) -Infections: Staph aureus / ecoli/ klebsiella are common. Pseudomonas is most common in children in incubator. - Necrotizing Enterocolitis: Area near Ileocecal valve most commonly effected, Features: Abd distension + blood in stool + feed intolerance and lertahrgy. Dx: Abd. xray (penumatosis intestinalis is pathognomic finding). Rx: Supprotive + bowel rest. Left Lateral ducubitius abdominal roentgenogram should be performed every 6 hours. If perforation occurs, resect the dead bowel. - Anemia : Early: within 8-12 weeks (due to hemolysis + bone marrow is resting) Late anemia: around 8-12weeks (due to diminished IRON Storage) -Retinopathy of prematurity - if PO2 remains higher than 90mm Hg. Happens when 02 is givenabove 40%

44. SGA babies: Asphyxia is most common complication. Major cause of death is RDS andInfections. Majority dies within 1st week of life.

Increased risk of DM/Hypertension/CVS in later life

45. Large for Gestational Age: Etiology: Constitutionally large babes: most common cause.

46. Infant of diabetic mother: Complication : Hypoglycemia most common + hypoCa+2

47. Respiratory distress in new born: resp. rate >60/min. flaring of nostrils + accessory muscle use.

48. Meconium aspiration syndrome: leads to airway obstruction on aspiration. clinical feature:

Meconium stain on skin/nails/umbilicus + Barrel Chest (hyper inflated). Dx: Fetal X ray. Rx: suction + antibiotic + O2 support. Complication: pulmo Hypertension / collapsed lungs (pnemothorax)/ aspiration pnemonia.

49. Surfactant deficiency (RDS): Hyaline Membrane disease, leads to decreased Functional

residual capacity. Hypoxemia is first pulmonary hallmark. Prematurity is most commmon cause. Antenatal Dx: Amniocentesis - Ivls of Lecithin: sphingomyelin (L/S) <2:1. Clinical Feature: Resp. Distress within 4 hours + cyanosis + apnea + grunting sound

Dx: CXR - best initial diagnostic test. Most accurate test is L/S ratio

50. Prevention of RDS: Antenatal betamethasone 24 hours before delivery; In neonates,

Intratracheal surfact therapy in High risks Neonates (<30wks babies). Rx: CPAP + Rescue surfactant therapy within 8 hours via endotracheal tube. Prognosis: Depend son weight and gestation age.

51. Transient tachypnea of newborn; resolves within 48 hours. etiology: Rapid Delivery or cesarean.

CXR shows Fluid edema in Fissures + peri hilar streaking. Rx: Conservative.

52. Pnemothorax: Cause : Spontaneous Most common. Dx: CXR. Features and CXR findings same as Adult. Rx: Stabilize + Emergency needle Decompression (with 19-F or larger needle at mid clavicular line, 2nd intercoastal space); In Small asymptomatic Pnemothorax : OBSERVE.

53. Intrauterine Infections: >30mg/dl of specific IgM for any causative agent indicates infection.

54. Congenital Toxoplasmosis. Most Common Route in Infants is 'vertical transmission' during

pregnanacy. Usually asymptomatic at birth. Triad of Chorioretinitis + hydrocephalus + Intracranial Calcification. Dx: IgG/CSF analysis/ ophthalmologic evaluation, serology (sabin feldman dye test, IgM and IgG) and Brain Imaging Rx: Spiramycin - for Pregnant Mother Pyrimethamine and sulfadizaine - for fetal infection during pregnancy. Leucovorin with pyrimethamine and sulfadiazine for one year of life. If Vision is threatened -

Give Steroids

55. Rubella: German Measles / 3 days measles. RNA virus. Findings occurs with infection before 8

weeks of gestation. Findings : Blueberry muffin spots + Cardiac PDS + Septal Defect + Hearing loss + microcephaly + mental retard. Dx: Maternal serum titer + infant antibody titer + Viral Culture.

Rx: No specific treatment + Supportive.

56. Prevention of Rubella: Vaccination before pregnancy.

57. Congenital Syphilis: Transplacental transmission - 2 Trimester (after 4 months).

All infants must undergo serological testing at time of delivery. Early <2 yrs of age - Maculo-papular rash + rash + jaundice + Clutton Joints Late >2yrs of age - Hutchinson teeth + saber shins (malformed tibia) + osteochondritis Dx: Radio bone Changes : Widened Epiphysis + Medial Notch + Subperiosteal bone deposit. ETA LARS = Mest specific confirmatory test. Rapid Plasma Reagin - Used for screening purpose.

Rx: Pencillin IV.

58. CMV: Most common congenital Infeciton and Most common cause of congenital deafness.

Oral Route. Dx: Periventricular Calcification. Own's Eye Inclusion bodies on Microscope

59. TB in Newborn : Most commonly occurs after birth. Dx: PCR is more useful test for diagnosis of congenital TB. Rx: INH + RIF for 3 months and repeat Montaux after 3 months.

If Montaux negaitve - give BCG only

If Montaux +ve + Clear Xray - give ATT for 3 months more. If Xray is also +ve = Treat as Active TB.

60. Jaundice: > 5mg/dl. Kernicterus : Accumulation of bilirubin in basal ganglia and brain stemnuclei.

61. Physiological Juandice : 2-4days of life. Disappears by 1-2 wks. Most common cause ofjaundice.

62. Breast feeding Jaundice : Most common in first time breast feeding mothers. Happens

because of lack of calories. Rx: lactation consult and rehydrate.

63. Breast Milk Jaundice: Glucuronidase Prevents bilirubin excretion. Start after 3-5 days and improves over 3-12wks.

Dx: stop Breast milk for 1-2 days, give formula milk instead.

64. Pathological Jaundice. Pallor Finding: First 24 Hours.

65. Signs of Sever Jaundice: Shrill Cry/ Difficult to wake up your patient/ Irritable baby/ Infant arches his/her neck or body backwards.

66. ABO hemolytic disease is most common and less serious cause of Pathologic Jaundice.

67. Baby with six wet diapers/day = indicate well fed baby. Baby seems satisfied.

68. PHototherapy: Blue Light + Sx (Rash/ Loose bowel movements/overheating/ dehydration/BRONZE baby syndrome). Most Common side effect is Skin Rash.

69. Blood type Incompatibility : Intensive phototherapy is first line Treatment.

70. Bilirubin encephalopathy = when bilirubin level reaches 30mg/dl

71. Phenobarbital is used in infants with criggler najjar syndrome type 2 and cholestasis.

72. Neonatal Hepatitis: Jaundice at the end of 1st or 2nd week.

73. Congenital Biliary Atresia: Bile Duct fails to form. Reo Virus type 3 triggers it. Most common cause of chronic liver disease in newborns and most common reason for Liver Transplants in children. Jaundice occurs in 2nd or 3rd wk of life. dx: HIDA SCAN/ Cholangiogram/ Abd.xray and U/S. Rx: Kasai Procedure (most successful before 8 week old).

74. Neonatal Infections: Risks: Lack of hand washing by attendants and lack of breast feeding.

75. Umbilical Sepsis: very common Infection. Rx: Clean umbilical stump with spirit/alcohol.

76. Pyoderma - staph aureus. Rx: Cloxacillin or erythromycin topical.

77. Conjunctivitis - 3days (Gonococcal); 5 days (chlamydia). Rx: Suphacetamide/Erythromycinoitment.

78. Oral Thrush: discrete white spots on tongue causes difficult swallowing. Rx: Nystatin/GentianViolet.

79. Neonatal Spesis : Early : EColi/Klebsiella and enterobacter; Late: Staph/ Pseudomonas/Proteus.

Features: Refuse to feed/Hypothermia/Apnea/Diarrhoea/Yellow skin (jaundice). Dx: BloodCulture (most definitive diagnostic test). Rx: Pencillin or 3rd Generation Cephalosporin.

80. Meningitis: Hematogenous route: Enterovirus(mumps/HSV).Mis bacterial Group B steptcocci - predominantly. Clinical: Bulging fontanelle + Poor Feeding + Diarhhoea.

Dx: LP + CSF D/R. Rx: Pencillin or 3rd Generation Cephalosporin

81. UTI: Ecoli most common cause. Dx: Urine Culture (suprapubic tap is diagnostic. Rx ampillin and Gentamicin for 14days.

82. Neonatal Tetanus: Clostridium Tetani: occurs 3-10 days after birth. LOck Jawn/ Opisthtonus/

Risus sardonicus. Rx: Diazepam (muscle relaxant); Human tetanus IgG (M) - First agent which provides immunity for 30days- if unavailable Anti-toxin(horse serum) should be used (provides immunity for 7-14days).; Antibiotic (Metronidazole) or Pencillin (alternative); O2; Avoid feeding(danger of aspiration).

83. Precautions for Anti Toxin (Tetanus): Do not administer in Fever 40.5C / Shock/ Collapse/ seizures/ persistent crying or restless baby for >3 hours; It may lead to GBS syndrome after 6 weeks.

84. Metabolic Problem in Neonates :

a. Hypoglycemia: <40mg/dl. Most common metabolic problem. Rx: Early feeding; if sugar remains low, octreotide can be given to decrease insulin or hydrocortisone.

b. Hypocalcemia: <8mg/dl. Early: first 3 days of life. Late: after first week. Features: seizures, jitteriness, bleeding and decreased Myocardiac contractility. Dx: Serum Ca^{+2} Prolong Corrected QT interval. Rx: 10% Calcium Gluconate IV.

c. Hypomagnesemia: Most common cause of persistent seizures. Most common cause reduce intake. Rx: Magnesium sulphate (IM).

d. Hypernatremia: Most common cause is giving IV sodium bicarbonate.

85. Achondroplasia: Autosomal Dominant + Most common cause of short stature with disproportionaltely short limbs. Dx: Prenatal U/s + Xray of long bones (confirms diagnosis). Rx: no treatment.

86. Choanal Atresia: Inability to nurse and breath at same time. Dx: Failure to pass nasal catheter on each side + CT scan (best to confirm and establish diagnosis). Rx: Temporary treatment withOral Airway(McGovern Nipple). Definitive : Surgery.

87. Congenital Diaphragmatic Hernia: Abnormal Opening in diaphragm; Belly organs get into chest. Left side most affected. Dx: Scaphoid Abdomen + Chest X ray (diagnostic) + Absent breath sounds. Rx: First Step Orogastric tube placement; It is an Emergency condition requiring E/R surgery.

5.IMMUNIZATION

1. EPI program covers TB/ Polio/ Diptheria/ pertussis/tetanun/ measles / HBV / Hib.

2. Hepatitis B + DPT and Hib are given together = PENTAVELENT VACCINCE.

3. Hepatitis B vaccine given = IM Anterolateral site of thigh

4. BCG = Intra dermal on left upper arm.

5. Measles vaccination efficacy is lesser before 9 months because of maternal antibodies; so EPI schedule is for 9month and then 15months. (SubCutaneous - Left Upper arm)

6. Measle vaccine can cause febrile seizures + Rashes.

7. EPI schedule - At birth / 6 wks / 10wks/ 14wks/ 9months/ 15months

8. Schedule for pregnant women for prevention of neonatal tetanus : IT-1 (first contact); TT-2 (4 weeks after); TT3 (6 months after); TT4 (1 year after); TT5 (1 year after). 0.5ml IM on upper arm. pg 118.

9. Adult comes with missed BCG, Do Monteux first, if negative -> give BCG then only

10. Injectable polio vaccine is killed; while Oral Sabin is Live attenuated Vaccine. Immunity develops within 1 week.

11. Most vaccines are stored at 2-8C while Polio at ZERO.

12. Dont give Live vaccines to Immunocompromised patients (Polio/MMR/Yellow Fever/Varicella)

13. Malnutrtion/ moderate fever/ resp. infection and common diarhoea are not contraindicationsfor vaccination.

14. Discontinue DTP if it develops shock/fever/Neurodeficit or damage. Instead Give DTap only(acellular pertusis).

15. Polio boosters are given if necessary at 15-18months and 2nd booster at 4-6 yrs age

16. Doses :

A. Polio = 4 primary dose (EPI = 15day / bwks / 10wks / 14wks) + 2 booster (after 1 year and 4yrs after Ist booster); OPV is given to <5years old only.

B. DPT = 3 primary doses + 2 boosters; (EPI = bwks / 10wks / 14wks)

C. HBV = 3 Doses (EPI = 6 weeks / 10weeks /14weeks)

D. Rubella = 2 doses (at 15-18 months and at 5 years)

E. Hemophilius Influenza B= 3 doses (ideally 8 weeks apart) + 1 booster (1 year after last dose); If a child comes after 1 year (Give only one Dose) and if comes after 5 years = no vaccination is required.

F. Varicella = Single Dose Required after 12 months till 12 years. Two Doses are given if a person comes after 12 years for varicella vaccine.

Contraindication : Hx of chicken Pox / immune deficiency/ pregnancy

17. 1 in 6 million develops Vaccine associated Paralysis with Polio Oral Vaccine

18. OPV dose can be given to patients having diarrhea but that dose should not be counted. Enterovirus reduces efficacy.

19. HBV vaccination : Double the dose of vaccination in immunocompromised patients and down's syndrome because they show poor seroconversion.

20. Complication of measles vaccination = Sub Acute Sclerosing Pan Encephalitis/ Fever and Skin Rash.

21. Cholera Vaccine : Injectable form + Not recommended for outbreaks or Child <6months age.

22. Meningococcal Vaccine : 0.5ml single dose after 2 years of age.

23. Pneumococcal : 3 doses at 2/4/6 months.

Rabies Vaccine : Pre exposure prophylaxis (3 doses at 0/7/21 or 28 days), IM or Intradermal (never on buttocks) post Exposure prophylaxis (5 doses at 0/3/7/14 / 28days) - Give (passive immunity)

Immunoglobulins at same time (half on wound and half as IM injection at different Site)

25. BCG vaccine : Neonates = 0.05ml, Children = 0.1ml. Nodule is formed at site of injection by 6 weeks while later form scares by 10-12weeks.

26. DPT Side Effects: can lead to acute encephalopathy and permanent neurodamage.

27. To confirm Successful HBV vaccination: check for Hbs-Ab levels in blood after 12-15Months.

If +ve = successful. if -ve = unsuccessful (repeat vaccination)

28. If patient develops Hbs-Ag instead of Hbs-Ab after HBV vaccine, a person has become HBVcarrier.

29. Polio Pulse immunization = Mass immunization of <5yrs old children to eradicate poliomyelitis.

Aim is to achieve 100% coverage through repeated pulse.

6. MSK and JOINTS

1. Ducchene muscular dystrophy (DMD), Most common Neuromuscular disease worldwide, X

linked Recessive, Symptoms appear before age 6. Gower Sign Positive (Patient has to use hands and arms to walk up his own body from squatting position)

2. DMD patients are on wheel chair by 12 years, and on braces for walking by 10 years of age.

Treatment is supportive multidisciplinary approach. Dx: Genetics diagnosis (Deficiency ofdystrophin Gene) Best Test.

3. Juvenile Rheumatoid Arthritis (JRA) Most Common chronic rheumatic illness in children, polyarticular disease.

4. JRA subtypes,

1. Pauciarticular or Oligoarticular (<4 Joints involved) = Most Common subtype of JRA, knees and ankles, Risk of chronic uveitis.

2. Polyarthritis (Five or more joined), Rheumatoid nodules over extensor surface of elbow n Achilles tendon. RF +ve, assocaited with severe Course.

3. Systemic/ Acute Febrile Type: Arthritis + fever + visceral involvement (hepato-spleenomegaly etc), Fever in the evening and is associated with Faint Macular Rash. Salmon Colored Lesions over Trunk n Proximal Extremity + Koebner phenomenon (cutaneous hypersensitivity to superficial trauma)

5. RF positive = poor prognosis, Rx: NSAIDS(first line) and methotrexate (2nd line)

6. SLE - Usually occurs after 8 yrs age..... a mother with SLE may transfer IgG auto-anti-bodies

across placenta at age of 12 to 16 weeks leading to permanent heart Block in baby (will require permanent pacing)

7. 4 out of 11 criteria if are met - SLE is diagnosed. Best Screening test : ANA, BEST CONFIRMATORY TEST: DsDNA

8. Most common cause of death in SLE = infections and complications of Glomerulonephritis.

9. Aspirin Use is avoided in children because of risk of Reye syndrome

10. Kawasaki disease (vasculitis of small n medium sized; especially coronary). Leadng cause of Heart disease in children in most developed countries. presents at age younger than 5 years. Clinical Finding: Early myocarditis and coronary artery aneurysm in 2nd to 3rd week. Diagnosis: Most Important test is 2D echocardiogram (because of cardiac manifestations). ECG and platelets Levels. treatment: Acute : IVIG, Aspirin. Long Term Therapy: Aspirin, clopidrogrel or Heparin. IVIV resistant cases = give IV prednisolone and plasmapheresis. Complication : Aneurysm

7.CNS

1. Febrile Seizsures : 6months to 5 years. higher than 102F fever. Common in toddlers. Two Types

a. Typical (Simple) Febrile: few seconds to 15mins. doesnt recur in 24 hours. Grand mal (Generalized tonicclonic), complete reoverey within an hour. No neuro or development problems are associated.

b. Atypical Febrile: more than once in 24hours, confined to one side of body. fever higher than 100.4F, LOC, TREATMENT : RECTAL DIAZEPAM to stop seizures, if lorazepam is available, it is drug of choice.

2. Febrile Fits are most common cause of status epilepticus, cease by age 6 years.

3. General tonic clonic seizures: Idiopathic(75%cases), LOC, Tongue Bite with Post Ictal symptoms, and Todd paralysis. Treatment : Valproic/cabamezepine (First Line)

4. Absence seizure: Girls, 5-10yrs age, blank stare and flickering eyes. 30seconds long Diagnosis EEG (3spikes/sec) Treatment: Ethosuximide (DOC)

5. Myoclonic: repetitive seizures, there are four types

a. Simple myoclonic

b. Infantile spasm (salaam) west syndrome : 1-5 seconds long, in clusters (8-10). because of Increased Corticotropin, and associated with mental retardation n poor prognosis. Treatment: ACTH (DOC)

c. Juvenille Myoclonic: Primary generalized epilepsy. 10 - 20yrs age. No LOC. treatment: Valproic

d. Complex myoclonics: 2ndry generalized epilepsy. LOC and falls with injuries. Treatment: response to treatment with antiepileptic drugs is poor.

6. Simple partial seizures. 10-20 seconds. todd's paralysis. Treatment : Valproic/carbamezepine (DOC)

7. Complex Partial Seizures (Temporal lobe seizure): Automatism + Aura + LOC. Dx: EEG oftemporal lobe shows spikes. Treamtment : carbamezepine is DOC

8. Avoid sedative anticonvulsants, they increase frequency of seizures.

9. withdraw drugs if 3 years are seizure free.... do EEG sleep analysis to assess risk of Seizures before withdrawal. 10. Status Epilepticus : 30mins and On, 1 or 2 seizures between which patient doesnt recover consciousness. Etiology: Sudden withdrawal of antiepileptic drug is most common cause Treatment: Diazepam, it doesnt work then give phenyton, if status epilepticus persists, give phenobarbital if it still persists, give Anaesthetic drugs

11. Bacterial Meningitis: Most common route is hematogenous. PAGE 209 for Infective agents

Empiric Treatment : vancomycin and ceftriaxone

12. Dexamethose in meningitis reduces risk of damage to 8th cranial nerve.

13. Complication of meningitis = hearing loss especially with pnemococcus

14. Neisseria meningococcemia : Respiratory droplets + Acute life threatening + younger than 5 years + Rash then severe disease occurs like waterhouse friederichsen sydnrome / hemorrhagic adrenalitis occurs. Rx IM benzyl pencillin (primary care), in Hospital, give IVCeftriaxone.

15. TB meningitis: Brain stem region effected mostly, Stage 1: general illness, stage 2: Meningitis,stage 3: Coma/stupor. Dx: Biopsy of meninges is Gold standard, CXR + CSF (LP) + Skin Test +PCR of CSF. Rx : INH RIF ETH and PYZ for 2 months, then INH and RIFAMPICIN for 10months. Total 12 months.

16. Aseptic meningitis : Enterovirus most common cause. Dx: PCR, Rx : Supporitve and acyclovirfor HSV only

17. EBV causes 8th nerve damage, also meningitis.

18. Encephalitis, HSV most common cause, Dx: PCR, Biopsy (Gold Standard), MRI is most sensitive nspecific, Rx: Acyclovir

19. Reye Syndrome : Acute Encephalopathy with cerebral edema and fatty infiltration of liver.

Cause : Aspirin + influenza virus / varicella / chicken Pox which leads to mitochondrial disruption. 4-12 years age. Four Stages, page 215. Rx: Supportive + Glucose IV + Mannitol + Vitamin K + Dexamethasone.

Prognosis: depents on degree of cerebral edema and ammonia level on admission

20. Wilms Tumor (nephroblastoma): most common renal malignancy in childhood. 2nd most common malignant abdominal tumor. 95% unilateral. associated with WAGR and beckwithwiedemann syndrome. Clinical finding : Asymptomatic mass, never crossing midline. Dx: Abdominal CT is best. Biopsy Gold Standard. Rs : surgery and chemo+radio with vincristine and dantinomycin

21. Neuroblastoma: Most common tumor of infants and 3rd most common tumor of children. Most common extra cranial solid tumor. Neuro-crest origin in the adrenal medulla(40-60% of cases) | sympathetic ganglion. Liver is most common site for metastases. CLINICAL FINDING: Mass, firm, fixed, irregular and usually crosses midline. Spreads before becoming symptomatic. Dx: Urine VMA in 95%cases and XRAY/CT/MRI Rx Surgery

22. Cerebral Palsy: Neuro disorder in infancy/childhood permanently causing muscle coordination impairment, it is NON PROGRESSIVE. Spastic CP is most common. CP is related to premature birth. Dyskinetic CP results from Kernicterus. Dx: MRI and Physical exam. Rs : Multidisciplinary approach + dantrolene + baclofen(spastic) + botulinum toxins. Prognosis : Normal life span. Life span only reduced in severe condition.

8. URINARY SYSTEM

1. Values: Oliguria : 1ml/kg (infants), 0.5ml/kg in children and less than 400-500ml/hour in adults Anuria : Less than 50ml/day polyuria : 5ml/kg or 2.5-3L/day Microscopic hematuria : > 3 RBC on micscopic high power filed Nephrotic: 40mg/m2/hour or 3.5gm/day or +4 dipstick

2. Macroscopic hematuria = Acute Cystitis is most common cause

3. Orthostatic protenuira usually occurs in school children, rarely exceeds 1gm/m2/hr

4. Nephrotic syndrome: peak onset 3 years + Boys more affected + HLA DR7 associated + Most cases are primary + Minimal change disease is most common primary cause of nephrotic syndrome while diabetic nephropathy - most common cause of 2ndry nephrotic syndrome. Dx: Gold standard test : 24 Hour Urine Protein. Rx: Empiric steroid care is the standard of care.

5. Congenital nephrotic syndrome (Finnish Type): Shortly after birth, Auto recessive. Nephrin protein is defected. Leads to death by 5 years of life. It results in Infections/ Malnutrition/ Kidney Failure. Nephrin is related to Immunoglobin family of cell adhesions.

6. Nephritic syndrome: Types

a. Acute post strept glomerulonephritis : 80% of GN cases in children. Group A beta hemolytic strept causes sore throat, 1-3 weeks after nephritic syndrome occurs. Tea/Coffee colored Urine. Dx: ASO titer and Anti DNase B antigen antibodies titer. Rx: pencillin for 10 days, 95% patient recovery.

b. IgA Nephropathy / Berger: Most common Chronic Glomerular disease worldwide and most common form of primary acute GN. 2nd/3rd decade of life. Upper resp infectio, 1 to 2 days after nephropathy occurs.

7. Good Pasture: antibodies against IV collage. M:F 6:1 ratio. Leads to pulmo-renal syndrome. Avoid ACE inhibitors if too much renal insufficiency is present. Rx: steroids

8. For Hyperkalemia in Nephritic: Na+ polystyrene-sulfonate-resin (it binds to potassium).

9. UTI first occurs usually by 5 years of age. peak incidence at infancy n toilet training. More Common in uncircumcised boys within 1 year of life. Agent : ECOLI (80%). Most Common Risk Factor: vesicoureteral reflux.

Dx: Urine Culture is Gold standard.

10. Asymptomatic bacturia : +ve urine culture without symptoms.

11. Sterile pyuria occurs in .... causes : Partially treated bacterial UTI/ Viral / Renal TB/ Renal Abscess/UTI with urinary obstruction.

12. Renal Ultrasound is initial investigation of choice in pyelonephritis. Rx: Upper UTI : IV ceftriaxone) ampicillin with gentamicin. Lower UTI = TMP/Sulphamethaxole

13. Urinary stones are most common below 5 years of age, Mostly are calcium containing 75% cases. Dx: Non Contrast CT is investigation of choice for stones at lvl of ureteric luminal narrowing and hydronephrosis, 75% pt are treated conservatively (fluids/ hydrochlorothiazide/potassium Citrate). Rx: ESWL / Percutaneous Nephrolithotomy. 14. Acute Renal Failure: Occur in 2-3%children Prerenal is most common cause (55%) - Cause: Hypotension, Heart Failure and Liver Failure. Intrarenal (40%) - cause : Drugs/ Vasculitis/ Accelerated HT/ Bence Jones Proteins/ Cholesterol embolization. Post Renal (5%) - Cause : Calcus, Tumor, Clot, Sloughed Papilla. Dx: Same investigations As Adult Treatment: Treat underlying cause and complications associated Fluid overload and Hypo Na+ : Restrict fluids Hyper k+ : Ca+2 Gluconate/ Dialysis/ IV NaHCO3HypoCa+2: give Ca+2 supplements HT : Diuretics - furosemide Convulsion: correct electrolytes / dialysis Cardiac failure and pericarditis : Dialysis

15. Dialysis Indication. Hyperk+ / Uncontrolled acidosis/ Pulmo edema/ cardiac failure/ Increasing Uremia/ urea >10mml/day.

16. Chronic Renal Failure: GFR <60ml/min/1.73m2 for >3months. It is irreversible progressive

damage. Congenital Renal and Urinary Tract Malformations (<5years of age) - common cause Hereditary Renal Disease (5-15years) -common cause. Clinical Features and Investigations same as ADULT Managment of Complications Anemia: Give EPO if symptomatic or Hb <10gm/dl. If Fe deficient, Correct Iron first then Re

evaluate for need of EPO. Hypertension : Anti HT drugs and correct fluid overload. Renal Osteodystrophy: Give Vitamin D/ Aluminium, Calcium acetate and CaCO3 (To excrete extra potassium). End stage Managment in children : Dialysis and transplant.

9. ENDOCRINE

1. Congenital Adrenal Hyperplasia : Glucocorticoid and mineralocorticoid deficieny. Autosomal recesive disorders. CAH is common cause of ambiguous genitalia in females, and precocious puberty in Males. 21 hydroxylase CAH is most common disoder (95% cases of CAH).

2. 21 Hydroxylase CAH - Females-masculinizied external genitalia (virilization), Dx: Raised 17-0H progesterone, Acidosis, low Na+ and Increased K+. Definitive Test : 170H progesterone before n after ACTH administration.

Rx: Hydrocortisone, If salt losing : Fludrocortisones. Corrective Surgery for females.

3. Cushing syndrome: Exogenous most common cause. In Infants, Adrenocortical Tumor is Common between 1-7yrs. Moon Facies/ HT/ Truncal obesity. Dx: Dexamethasone suppression test (Best test). Rx: Ketonazole to suppress Cortisol production before surgery and Surgical removal of tumor.

4. Hypothyroidism: Most Common endocrine disorder seen in children.

5. Congenital Hypothyroidism: Born with primary hypothyroidism. Thyroid dysgenesis is most common cause. Dx: Thyroid Profile FT3 FT4 and TSH. Rx: Thyroxine.

6. Transient neonatal hypothyroidism resolves in 3 days.

7. Hypothyroidism in peadritics patients present with cretinism (large tongue/ hypotonia/ Open Mouth/ Hoarse Cry/ Umbilical Hernia/ prolonged Jaundice)

8. Acquired Hypothyroidism / Juvenille Hypothyroidism: after Neonatal period. 12-19 yrs age (adolescence). Causes: Autoimmune such as hashimoto's (most common cause), Iatrogenic, Systemic disease. Clinical Finding : Deceleration of LINER GROWTH - First Sign/ Cold Intolerance/ Delayed puberty/ Myxedema/ Goiter. Dx: Thyroid Profile and Autoimmune

Antibodies. Rx : levothyroxine. 9. Precocious puberty: 8yrs in girls and 9 yrs in boys. Two Types

a. Central / Gonadotropic dependent/ True: Idiopathic most common cause (90%)

b. Peripheral or Gonadotropic independent / Pseudo puberty : due to excess steroids from adrenals / gonads : Causes : page number 183. Investigations : Xray(BONE AGE)/ GnRH stimulation test/ estradiol and prolacting and HCG (in girls)/ testosterone and HCG in boys/ Ultrasound Adrenals/ CT and MRI brain. Rx:GnRH analogues - Monthly IM DEPOTS. Alternative:Cyproterone acetate and Medroxyprogesterone. (NOTE: Stop Treatemtn once acceptable puberty age is reached). Surgery if Tumor.

10. Delayed Puberty: 13 yrs girls and 14 yrs boys. Constitutional or Simple Delay - common cause Other Causes page 185. Investigation: Bone Age/ GnRH stimulation test

11. Bone Age equal or greater than chronological age with elevated LH/FSH implies there is primary Gonadal Failure.

10. HEMATOLOGY

1. 6 wks to 6months - liver and spleen are major sites at birth to earth childhood - Medullary cavities of all bones

adolescence to adulthood - central flat bones (skull/rib/vertebrae/sternum and pelvis)

2. 80% of children in developing countries become anemic at some point of their lives.

3. Anemia Based on WHO criteria 6months to 5 yrs - 11gm/dl ..... 5yrs to 11yrs - 11.5mg/dl ..... 12-14 yrs 12gm/dl

4. Normal Term Infant has adequate iron store for 4months. Iron supplementation should be started from 4th month of life in term and in preterm, it should be started from 2nd month.

5. Iron Deficiency is most common cause of childhood anemia. Poor Iron Intake becuase of consumption of non fortified milk (which is deficient is Iron) - most common cause. Dx: CBC/Iron Profile. Rx: oral / IV Iron/ Transfusion as required.

6. Pallor most common finding in anemia

7. Megaloblastic anemia cz of folate: Usually associated with thrombocytopenia and leukopenia. Poor Intake -Most common cause. Failure to thrive (fail to gain wt). Treatment: Folic acid 2-5mg/day for 3-4weeks.

8. Folate deficiency is common at age 4-7months.

9. Thalessemia is most common hemolytic anemia in Pakistan.

10. B-Thalessemia Major- Auto Recessive Disorder. Homozygous deletion of gene. symptoms start by 6 months of age. CBC (anisocytosis/ Target Cells/ Poikilocytosis) Hb lvl <gm/dl- Elevated HbF. Indirect Bilirubin Increased. Skull Xray - Hot Bun Cross Appearance. Rx: Blood transfusion and sub cutaneous defuroxamine for excess iron load. Complication of defuroxamine : yersinia infection (they love IRON), Pseudo Rickets and Hearing loss.

11. Hereditary spherocytosis - Ankyrin and spectric defect, Jaundice most common feature. Spleenomegaly in 75% cases. Dx: Osmotic fragility test. Spectric deficiency in RBC is a specific test. Cx: Gallstone is most common complication. others are Aplastic Anemia/

hyperhemolysis/ chronic erythematous dermatitis on legs.

12. Aplastic anemia : it is due to Autoimmune mediated changes or primary defect (80% cases). Hallmark of Aplastic anemia is Pancytopenia along with aplastic bone marrow. Idiopathic most common cause (70%). Parvo Virus Mostly in immunocompromised. other causes pg 170. Dx: Bone Marrow Trephine Biopsy is confirmatory test. infection and Bleeding are major causeof death.

13. Fanconi ANemia : Most common congenital aplastic anemia. Diagnosed in 3-14yrs of age. Auto Recessive disorder. genetic defect causing abnormal DNA repair proteins (p53 mutation). Clinical findings: Hyperpigmentation and caif au lait spots, failure to thrive, small head, small height, learning disability and mental retardation. Dx: Bone marrow biopsy and cytogenetic studies of chromosomal breaks. Rx: BMT is treatment of choice. These patients are at risk of developing ALL or myelodysplastic syndrome (15%cases)

14. ITP :1-4wks after viral infection. Commonly occurs in 1-4 years age children. two types

Acute: Spontaneous resolution in 2months occur. Chronic: Perists even after 6 months, usually seen in adults. Clinical finding: spontaneous appearnace of Petechiae and bruises - most common presentation labs : BT: prolonged. Rx: No Treatment if patient is asymtomatic or platelet count is >20,000.

Severe cases require Prednisolone, IVIG, plasmapheresis and spleenectomy.

15. Henoch Schonlein Purpura: most common vasculitis of childhood. IgA deposition in small vessels of skin/joint/GI/Kidney. Most cases are associated with preceding Upper respiratory infection, usually group A b-hemolytic strept. clinical features : PALPABLE PURPURA/ hemorrhagic maculo-papular rash/ hematuria. Platelet count is normal. Symmetric distribution. Criteria of Dx: Palpable purpura, age<20yrs, Bowel Angina, Wall Granulocytes on Biopsy (more on page 173). Rx: self limiting in 3 to 4 wks. Treatment is supportive, Prednisone is give to reduce abdominal and joint pain.

16. Hemophilia A:X linked Recessive disorder of factor VIII. Family history 70% cases. Hemarthroses is hallmark of disease. Dx: 2 to 3 times increase in PTT time, Mixing studies and low serum Factor VIII-specific diagnosis.

17. vWD: Bleeding disorder. Most common hereditary bleeding disorder. AUTO DOMINANT. Females more affected. there are three types, type 1 is most common. Excessive Bruising and epistaxis are presenting features. Hemarthroses is rare. Dx: Ristocetin, Bleeding time increased, PTT increased (cz VIII:c also deficient). Rx: Desmopressin or VWF containing with VIII transfusion.

18. Vitamin K deficient: 2 7 9 10. Protein C and S: only PT is abnormal.

19. Liver disease: all clotting factors are decreased except factor VIII.

20. ALL: Most common type of leukemia found in children (75% of cases), peak incidence 2-6yrs. Etiology: unknown/radiation/genetics. Clinical Feature: lethargy, pallor, infection, fever, bleeding, Hepato-splenomegaly. Dx: lymphoblast in peripheral smear. Bone Biopsy : >20% lymph oblasts (Confirmatory diagnosis). Rx: Chemotherapy (induction/ consolidation/ maintenance) and CNS prophylaxis with methotrexate and cranial irradiation. Prognosis - 5 year survival 80%. Poor Prognostic factors are (<2yrs age or >10yrs age at time of diagnosis. Male and Chromosome abnormality. Marked Hepato-splenomegaly. WBC > 100,000)

21. AML: Accumulation of immature Myeloid Progenitors. More common in adults, less in children. Clinical feature same as ALL, and blue berry muffin in NEONATES. Dx: Biopsy 80% myeloblasts, stains +ve with Sudan black and MPO and AUER RODS are positive. Rx: There is no maintenance therapy (i.e only induction and consolidation).

22. Hodgkin : Malignant Disease of lymphoid tissue caused by increased proliferation of transformed B cells. Reed Sternberg cells are pathognomonic. Most common Malignancy in age group 15-19yrs. Rare in children <10yrs. Classification : Nodular Sclerosing (60%, most common type). Lymphocytes depleted(< 10%, poor prognosis), mixed cellularity (30%) and Lymphocytes Rich(<10%). Clinical feature: Pel ebstein Fever + Asymptomatic lymphadenopathy + Night sweats + wt.loss. Dx: Biopsy of node (definitive test). Rx: Radiotherapy is treatment of choice for stage 1. Prognosis - 5 yr survival is 70-90% in stage 1-2

11. LIVER AND SPLEEN

1. Cirrhosis : Progressive Hepatic fibrosis and regenerative nodule. In Pakistan, biliary and post necrotic cirrhosis are common. Causes: page 158. Clinical features same as Adult. Investigations : AST>ALT = alcohol. ALP increase= Biliary obstruction. Urea creatinine = Hepatorenal syndrome. Hepatitis serology. Hepatic tumor = AFP. Liver Biopsyis GOLD STANDARD to confirm diagnosis. Rx: Liver transplant. if pruritis = give Ursodeoxycholic acid, cholestyramine and also Rifampicin is probably the most efficient anti pruritus drug. Malnutrition= give Vitamin D and calcium and IM Vitamin K injections other treatment. A. ASCITES = Furosemide and salt n fluid restriction + paracentesis b. Spontaneous peritonitis = Empirical antibiotics (IV CEFTRIAXONE), prophalytic antibiotic (Oral Cirpo Floxin) usually caused by Strep Pnemoniae

c. Portal HT and varices: Propanalol + TIPPS + banding / sclerotherapy 2. Indian Childhood Cirrhosis: Most commonly effects 1-3 years of age. Males are effected more. May be caused by increased in liver copper concentration (boiling animal milk in copper or brass pots). Tea color urine and clay colored stools. Dx: IgA IgG and IgM are raised. Liver

Biopsy shows Ballooning of liver cells. Rx: Avoid copper and give Pencillamine. 3. Albumin is marker of synthetic liver function and malnutrition. 4. Spleenomegaly: Most commonly caused by infection, hemolysis and Autoimmune disorder

12. ALIMENTARY SYSTEM

1. Infantile Hypertrophic Pyloric Stenosis: 3-6weeks of age. Gastric Outlet Obstruction. Most common condition requiring surgerical intervention in 1st yr of life. Non Bilious vomiting starting in 2nd or 3rd wk of life. Mobile "olive like" firm palpable mass in Epigastrium with visible peristalsis. Dx: Barium shows double tract sign and shoulder sign. Rx: Rehydration and

Electrolytes correction, Pylorotomy.

2. Diarrohea : Stool outout of more than 10gm/kg/24hours. Age 1-4 Years. Acute Diarrhoea ismost common 90% of cases. Types:

Acute: < 14days + often self limiting; Persistent and Dysentery.

3. Secretory diarrhea : Vibrio Cholera and Ecoli variant - ETEC.

4. Osmotic diarrhea : Rota Virus, Lactose intolerance.

5. Invasive Diarrhea: Shigella/salmonella/campylobacter/EIEC variant of ECOLI.

6. Campylobacter is most common cause of bloody diarrhea

7. Rota Virus - Most common cause of diarrhea in Infants.

8. Giardia lamblia - Most common parasitic cause of diarrhea

9. For treatment of Diarrhea : Read IMNCI WHO criteria and plans:

10. Complication of diarrhea: Dehydration - Most common isotonic dehydration.

11. persistent diarrhea >14days; Ecoli is most common. Dx: Stool D/R, Culture, Serum Electrolytes.

12. Chronic diarrhea: Non Infectious cause lasting >14days.. 10gm/kg/day in Infants and toddlers,200gm/day in older children.

13. Celiac Disease: Immune Mediated, Ingestion of Gluten triggers; From wheat/ rye/ barley and OATS. Most commonly symptoms of disease occur during 6months - 1.5yr age. Clinical Feature: Bulky foul smelling pale stools + rectal prolapse / intussception + dermatitis herperitformis (others on pg 155). Most Common Extra GI manifestion of celiac disease is iron deficiency anemia; not responding to iron thera, , . Dx: ITG antibody test - initial test of choice. Anti-gliadin. Jejunal biopsy = Gold Standard. Rs: Avoid Gluten diet.

14. Cystic fibrosis: Auto Recessive + COPD + Pancreatic insufficiency (85% of patients) + Meconium ileus (presentation of 15% of cases) elevated sweat chloride concentration in early Life. etiology: Chromose 7 at F508 position. Dx: Sweat Test (Gold Standard): sweat chloride > 60mmol/L. CFTR mutation analysis. Rx: a/c to system involed

15. Duodenal Atresia: Associated with 8% cases of Down syndrome. Bilious Vomiting on first day of LIFE. X-ray shows: Double bubble Sign with no distal gas. Rx: NG decompression + IV fluids + Duodenoduodenostomy

16. Hirschsprung Disease : Aganglionic Megacolon. Most Common cause of Lower intestinal obstruction in neonates. Clinical feature : Delayed Passage of Meconium/abd. distension/ Constipation. Suspect if baby doesn't pass Meconium within 24 hours of delivery. Explosives stool after a doctor inserts a finger into the rectum. Rectal Biopsy : Gold Standard. Rx: Surgery (most with temporary Colostomy) and wait 6-12 Months for definitive correction. Complication : enterocolitis is most common complication

13. HEART

1. Innocent Murmurs: functional normal and insignificant flow murmurs. >30% children have it from age 3-7yrs. Never greater than 2/6 grade. Dx:None, Rx: Reassurance.

2. Congestive HF: Etiology : Combination of left and right sided heart failure - most common cause Congenital : 1-4wks = Large PDA, 4wks - 6months = Large VSD and Large PDA Acquired: Acute Rheumatic carditis and rheumatic heart disease. Extra cardiac causes : Anemia/ Bronchopnemonia/ Acute glomerulitis. Dx: Echo/ ECG/ Xray. Rx: Restrict salt and fluids with oxygen therapy. Support heart with dopamine and dobutamine / digoxin

3. Acute Rheumatic Fever: streptococcal pharyngitis. Occurs in children of age 5-15years of age.

Most common form of acquired heart disease in all age groups worldwide. Dx: Criteria : 2 major or 1 major + 2minor. (pg. 140) Rx: Pencillin + prednisone with carditis. If chorea is only finding. DOC is Phenobarbital. Prevention : Treatment of choice is IM benzathine Pencillin Gevery 4 weeks.

Complications : Valvular disease - most common being Mitral Regurgitation.

4. Congential heart disease - etiology : unknown many cases, others are teratogens/ alcohol/ rubella / genetics.

5. VSD: most common cardiac malformation and accounts for 25% of congenital heart disease. Membranous type (70%) is most common. Supracristal Type (5% only, relatively higher in Asians) Small defect = <5mm - Asymptomatic + pansystolic murmur at left sternal border. Rx: Only propylaxis for endocarditis. 80% of small VSD closes spontaneously. Large = >5mm - cyanotic + poor growth + dyspnea + prominence of left precordium. Rx: Diuretics and digoxin + surgery is done in first year of life with Gore Tex Patch. Most comonyl associated with Down/ Edward/ patau sydndromes. Dx: Xray/ ECG/ echo.

Most common cause of death is cardiac failure n infections.

6. ASD: 75% Ostium Secundum type (Most common). Fixed widely spliet S2 with Si loud. ECG right axis deviation. Xray= cardiac enlargment + Echo is definitive test. Rx: Surgery with transcatheter device or amplatzer spetal occlude (most common device used for ASD closure)

7. Patent Ductus Arteriosus : Girls + 75%cases isolated defects + associated with rubella + MACHINERY MURMUR + closes spontaneously except for the one that remain patent beyond first year of life. Cyanosis and clubbing of lower extremity with uper extremity being normal is diagnositic of PDS with pulmo Hypertension. Dx: xray/ ecg/ echo. Rx: Indomethacin (preterm infants responds better) or surgical closure

8. Coarctation of aorta : 98% cases below the origin of left subclavian artery at the origin of dustus arteriosus. Common with Turner syndrome. the defects most common seen

with coaractation are bicuspid aortic valve and VSD. Most Common extra cardiac abnormality is aneurysm of circle of willus. Systolic BP difference in upper and lower extremity and Radio:Femoral delay. Dx: echo is definitive test. Rx: PGE1 infusion to keep patent ductus arteriosus to improve supply to lower limbs.

9. Tetratology Of Fallot : most common after cyanotic defect after age of one year and most common cause of blue baby syndrome. Findings : Single 2nd heart sound (P2 is inaudible), systolic ejection Murmur. ECHO - Gold standard; Rx: Corrective surgery (12-18months but in our setup it is done b w 2-4yrs); PGET to keep patent ductus arteriosus. endocarditis prophylaxis life long. Pre Correction Complications : Cerebral thrombosis (most common in <2yrs); Cerebral Abscess (most common >2yrs); Infective endocarditis (TOF is most common cyanotic CHD associated with endocarditis). If not surgically corrected, survival is 12% by 20 yrs age.

10. Infective Endocarditis: Most common cause is strept Viridians and staph aureus (IV drug abusers); Dx: 2major or 1 major and 3 minor or 5 minor Dukes Criteria. Rx: Benzyl pencillin +Gentamicin + cloxacillin (empiric). Fungal and coxiella responds poorly to medication, requires surgical eradication.

11. MOST COMMON CYANOTIC disease presenting in immediate newborn is the transposition of great arteries (TGA)

14. RESPIRATORY SYSTEM

1. Acute pharyngitis: fever + Sore throat + streptcoccal pharyngitis is uncommon before 2-3 yrs. Virus is most common cause of pharyngitis (Coxackic virus/herpes/adeno). Most common bacterial pharyngitis is cause by Group A Beta hemolytic strepticocci. Prominent sore throat with fever in absence of Cough. Dx: CBC, Throat Swab culture - standard test. Rx: Viral symptomatic. Bacterial: Pencillin V/ Amoxicillin.

2. Viral Croup (laryngotracheobronchitis): Barking Cough, inflammation of glottis and sub glottis. Children of preschool age (3months - 5 yrs). Most common in 2nd yr of life. Most common cause of upper airway obstruction or stridor. ParaInfluenza Virus 1 is most common cause. Dx: Triad: Barking Cough + Coryza + stridor (worse at night). Dx: clinical + xray (steeple sign). Rx: First step = Nebulized epinephrine. Steroids + O2 + sedatives.

3. Epiglottis: it is Emergency + Fever + drooling + respiratory distress (extreme ill look + refuse to leanback + thumb print sign on lateral Xray) + laryngoscope (cherry red swelling). Dx: clinical. Rx: Intubate first + antibiotics for 7 days.

4. Acute Brochiolitis: Obstruction of small n medium airways of lung by mucus + edema + cellular debris. Respiratory syncytial virus is most common cause. Dx: clinical (fever+cough+wheezes+feeding difficulty+ runny nose). X ray shows hyperinflation with patchy atelectasis. Rx: Supportive at home + Moist O2/IV fluids/bicarbonates and Bronchodilators.

Complication : 2ndry bacterial infection.

5. Pnemonia. Virus(Respiratory syncytial virus) are predominant most common cause in <5 yrs children. Most common bacterial cause is pnemococcus (3wks to 4yrs). Pnemonia in children chart: pg. 130 and bacterial vs viral pnemonia

6. Viral Pnemonia : low grade fever + tachypnea (most consistent clinical feature) + Nasal Flaring + accessory muscles use + cyanosis if severe.

7. Bacterial Pnemonia: Chills + High Grade + cough + chest pain + tachynea+ consolidation on xray + dec. breath sounds + rhonchi.

8. Chlymadia : No Fever or wheezes + esonophilia + conjuctivitis (may be); Rx: Erythromycin.

9. Mycoplasma : Bronchopnemonia + persistent cough + hoarness + Rales + Cough worsens after 2 weeks. Rx: Erythromycin.

10. Pnemonia Dx: Xray - Confirms diagnosis. Viral : hyperinflation with bilateral interstitial infiltrate. Pnemococci: lobar consolidation. Mycoplasma: Unilateral Lower Lobe Pnemonia. Definitive, diagnosis : Viral : serology + Enzyme assay (nasopharyngeal washing - children; swab-adults, tracheal aspirate). Bacterial : Gram Stain + Blood culture + sputum (not v.useful) Rx: Outpatient - Amoxicillin (best choice) Hospitalized : Parenteral Cefuroxime and Vancomycin (if staph is suspect) Viral : Ribavisin in RSV; otherwise conservative.

11. pleural Effusion: Bacterial Pnemonia is most common cause of pleural effusion in children.

Clinical features: Pleuritic chest pain + Cough + deep breath + tachypnea + stony dull percussion. Mediastinal shift at usually > 1000ml. Dx: Xray+ thoracocentesis + pleural biopsy. Rx : treat underlying disease.

12. Pneumothorax: Most common penmothorax in older infact is spontaneous. A. Primary. NO trauma/ NO underlying disease. occurs in males who are tall/ think. B. 2ndry: Coz of underlying lung disorder but without trauma. can occur in pneumonia usually with epyema. clinical feature: pt. may be asymptomatic. Typical picture: SOB + Pleuritic chest pain+ Decreased breath sound on effected site + hyperrosanace on percussion. Shifting of trachea indicates tension pnemothorax. Dx: Chest Xray - Diagnosite test of choice. Rx: Stablization of pt. Emergency procedure - 19F or larger guage needle into 2nd intercoastal space (at superior margin of rib). Thoracocentesis 16 F canula at 2nd anterior intercoastal surface for aspiration and thoracostomy into 5th intercoastal space at mid axillary line). In small asymptomatic pnemothorax - Observe Only.

13. Asthma: Reversible + chronic inflammatory disesae. Most common chronic illness in chidren, 80% asthmatic patients report disease onset prior to 6 yrs age. Most resolve by late childhood. Types : a. Early childhood triggered by common viral infections B. Chronic asthma associated with allergies.

Features: Cough worse at night + wheezes + rales + rhoochi + hyper extended chest with retractions. Dx: CXR + Spirometry + Bronchoprovocation test. Rx: Beta 2 agonist - albuterol - first line drug of choice for rescue. steroids/ Anti-ACH (ipratropium)/ leukotriene modifier/ mast cell stabilizer (cromolyn Sodium)

DOC = DRUG OF CHOICE, DX = Diagnosis, Rx = Treatment, LOC = loss of Conscious, CP = cerebral Palsy, CXR = Chest X ray, PCR = polymerase chain reaction; SLE = Systemic Lupus erythematous; EEG = electroencephalogram

15. INFECTIOUS DISEASES

1. Streptococcus pharyngitis can lead to both RHEUMATIC FEVER and GLOMERULONEPHRITS but streptococcal skin infection only leads to GLOMERULONED not rheumatic fever.
2. Pharngitis leads to rheumatic/glomerulonephritis after 2-3 weeks of primary infection but after skin after skin infection; glomerulonephritis happens after 3-6 weeks
3. In rheumatic fever; if JOINTS are involved = heart will be minimally involved but if heart is involved Chorea would be there..... remember: C=C (Carditis = chorea)..... but A not = C.... means arthritis not with chorea and remember RHEUMATIC FEVER LICKS THE JOINTS, BUT BITES THE HEART.... so carditis is severe but arthritis is not severe..... in severe carditis = subcutaneous nodules would be there (on extensors, scapula and mastoid)
4. Signs of chorea .. i) Milkmaid sign ii) Pronator drift iii) Darting tongue
5. Chorea = Rapid, jerky, involuntary purposless movement of proximal limbs... Treated by Haloperidol / Dance Hill Athetosis = Slow, writhing movements of distal limbs)
6. i acute rheumatic fever = MITRAL REGURGITATION and AORTIC REGURGITATION..... MR = pansystolic murmur AR = early diastolic murmur..... but sometimes due to EDEMA/Nodules of mitral valve; there happens functional mitral stenosis which gives MID-DIASTOLIC MURMUR known as CAREY COOMB MURMUR
7. Primary prophylaxis = Treatment of sore-throat by Benzathiane penicillin 2ndry prophylaxis = Prevent recurrence by continous prophylaxis
8. Acute diarrhea : < 2 weeks
   Persistant diarrhea: > 2 weeks (infectious)
   Chronic diarrhea: > 2weeks (Non-infectious)
9. Common causes of ACUTE BLOODY DIARRHEA in children= Food poisoning Bacillary dysentry, Amebic dysentry....
10. Bacillary dysentry caused by shigella; Acute onset; Frequent, mixed with mucus; Very very very high fever (104) leadine to and fits and CNS signs; pus cells in stools; confirmed by isolate stool culture..... Rx: Ampicillin, TMP-SMX, cipro = 5 days + FL
11. Amebic dysentry caused by E.histolytica; Subacute onset; Less frequent stools; Just blood in feces; Fever may or may not be; trophozites in stools; detect organism in stool culture also Eu THA.....Rx: Metronidazole in 3 divided doses
12. As Shigella gives high grade fever....leading to marked dehyd, signs including fits and meningitis and TOXIC ENCEPHLOPATHY EKIRI SYNDROME. Eg: scenario could be: A child comes with generalized tonic clonice grade fever.... h/o blood and mucus in stools..... Dx: It is SHIGEL/BACILARY DYSENTRY;..... never chose here amebic du
13. Most common cause of non-bloody diarrhea in children is: ROTAVIRUS..... other include: Cholera; Giardia...

14. Rotavirus leads to shedding of mucosal cells causing deficiency of dissaharides leading to LACTOSE INTOLERANCE OSMOTIC DIARRHEA.
15. Diarrhea may be Osmotic or Secretoy.....
16. Osmotic diarrhea is more common, it stops when patient stops taking food; Calculated osmolarity of stools is > observed osmolarity..... Example include Rotavirus, lactose intolerance... acidic pH of stool_
17. Secretory diarrhea is less common than osmotic; it does not stops when patient stops taking food ; calculated osmolarity of stools = observed osmolarity....example include CHOLERA.
18. Evaluate degree of dehydration by 6 signs (4 star signs and 2 non-star Star signs: Consicous level, Skin pinch, Sunken-ness of eyes, Drinking Non-star: Eye dryness, Tongue dryness If any ONE star sign is positive = categorize dehydration by that sia For example if skin pinch goes back very slowly >2sec = SEVERS DEHYDRATION.
19. Example: A child with diarrhea..... Sunken eyes, and skin pinch goes back very slowly.... How will u classify this dehydration?? SEVERE DEHYDRATION....
20. Follow PLAN C for sever, dehydration..... 1 year = slowly rehydrate (5 hours)..... >1 year, = rapidly rehydrate (3 hours)
21. As ORS contains 20g glucose and 3.5 g NaCl------it can itself cause OSMOTIC DIARRHEA.....so to prevent its this side effect a new formulation is there +=LOW COSMOLARITY O.R.S.....contains 13g Glucose
22. In rheumatic fever; if JOINTS are involved = heart will be minimally involved but if heart is involved Chorea would be there..... remember: C=C (Carditis = chorea)..... but A not = C.... means arthritis not with chorea and remember: RHEUMATIC FEVER LICKS THE JOINTS, BUT BITES THE HEART.... so carditis is severe but arthritis is not severe..... in severe carditis = subcutaneous nodules would be there (on extensors, scapula and mastoid)
23. In measels...
    i) Prodromal phase = 3C (Cough, croyza, conjunctivitis) Koplik spots.
    ii) Eruptive phase: Maculopapular confluent rash from ear downwards, Complications: Giant cell pneumonia, otitis media, diarrhea, encephlitis, (SSPE, Hemorrhagic meseals, Thrombocytopenia, Cancrum oris, Corneal ulcer, Myocarditis., VITAMIN A DEFICENCY
24. As measels lead to VITAMIN A DEFICENCY = So give vitamin A to measel patient to decrease morbidity and mortality rash of measels appear = fever rises abruptly, rash desends rapidly days and fades rapidly in same sequence as it appeared... and rash depends upon CONFLUCENCE OF RASH....rash is itching..... if measels = DISFIGURED AND SWOLLEN FACE.....
25. When rash of me within 2-3 days and fades ro severity of rash depends severe measels =
26. Most common cause of non-bloody diarrhea in chlidren is: ROTAVIRUS..... other include: Cholera; Giardia...
27. Measles vaccine given SUB.CUTANEOUSLY..... Contraindications Anaphylactic reaction to NEOMYCIN/ GELATIN; Immunod S/E: Morbiliform rash, febrile fits, encephalitis

CJ

28. Polio can occur as
    i) Asymptomatic (95%)
    ii) Abortive (febrile, sore throat)
    iii) Non-paralytic ASEPTIC MENINGITIS
    iv) Paralytic (Assymetric paralysis)..... Spinal , bulbur, Encephlitie Confirmatory test for POLIO = STOOL CULTURE 2 sample , 24 hours apart.....
29. A 3 year old unvaccinated child with febrile illness and lower signs of lower limbs..... D/D..... gullian barrie, Paraluti
30. An unvaccinated child with meningitis = D/D = Tuberculous paralytic polio, H Influenza
31. Infectious diseases especially ROSEOLA INFANTUM can lead mole: 24 hour apart ... and lower motor neuron barrie. Paralytic polio.... Tuberculous meningitis , Non OLA INFANTUM can lead to FEBRILE
32. Febrile fits = Seizure +fever + No CNS infection
33. Febrile fits may be TYPICAL or ATYPICAL sometimes family history is positive
34. Typical >12 months of age, generalized tonic clonic; <10 mins, Brieflno pot ictal period, once/24 hours; no focal findings; normal CSF exam
35. Atypical: <12 months of age, focal seizure, >10 mins; Prolonged post-Atypical; >1/24 hours; focal findings may be there
36. Atypical febrile fits can transform into EPILEPSY in later life....the other risk factors for epilepsy in a patient with febrile fits include..... i) Some neurological disease (cerebral palsy, mental retardation)..... ii) Family history of epilepsy... iii) <1 year seizure
37. When to do L.P in a patient of febrile fits? ATYPICAL febrile fits.. or IF SL RECOVERY, PUO, FOLLLOW UP NOT POSSIBLE.....
38. Managements of febrile fits..... ABC, Tempreature regulation, seizure control by diazepam, cause of fever.....
39. Childhood exanthems.....
    i) 1st disease = measels (rubeola)
    ii) 2nd disease = Scarlet fever
    iii) 3rd disease = Rubella (germen measels)
    iv) 5th disease = Erythema infectiousm (parvoB19) = Slapped cheek rash
    v) 6th disease = Roseola infantum ..... Leads to febrile fits
40. A child with fever, hoarsness, barking cough = LARYNGOTRACHEOBRONCHITIS/CRUOP..... caused by PARAINFLUENZA VIRUS.....
41. <2 years child with WHEEZE, DYSPNEA, COUGH = Bronchiolitis= most common cause RESPIRATORY SYNCYTIAL VIRUS .....other, ADENOVIRUS, PARAINFLUENZA
42. There are just 2 contraindications of PERTUSSIS VACCINE: 7
    i) Anaphylactic reaction to previous dose of vaccine
    ii) Encephlopathy within 7 days of previous dose manifesting as gen/focal seizure without recovery within 24 hours.....Note : FAMILY history of any thing is not contraindication... ::

16. RHEUMATOLOGY

1. Morning stiffness and gradual loss of motion leading to limp in child persisting for 6 weeks = Juvenile Rheumatoid Arthritis....
2. Oligoarticular JRA = <5 joints involved; No systemic manifestations: 6 no polyserositis; no lymph nodes; ANA STRONGLY POSITIVE, RE negative; STRONG EVIDENCE OF UVEITIS (20%); Excellenti prognosis..... Rx: give NSAID 4-6 wk + I. A steroids..... Repeat LA. steroids..... if not..... Oral methotrexate
3. Polyarticular JRA = >5 joints involved; No systemic manifestations: No polyserositis; no lymph nodes;. ANA positive; RF POSITIVE; uveitis noci 5%; prognosis 50%..... NSAID +IA STEROIDS..... Oral methotrexate..... Subcutaneous methotrexate
4. Systemic onset JRA (still disease)= Any joint involved; Systemic manifestations common FEVER + SKIN RASH (SALMON PINK) Polyserositis present, Lymphadenopathy/Hepatospleno present; ANA NEGATIVE; RF negative; uveitis positive 5% ; prognosis is variable
5. Note:
    i) UVEITIS AND ANA ARE STRONGLY POSITIVE IN OLIGOARTICULAR JRA
    ii) RF is only positive is POLYARTICULAR
    iii) JRA causes PERICARDITIS while Rheumatic fever causes PANCARDITIS
6. Investigations to be done for JRA: CBC, ESR, RF, ANA, Slit lamp examination for uveitis, XRAY, MRI Diagnostic criteria of KAWASAKI disease: (Temperature 5 days + 4/5 other features) My HEART
    i) Mucosal involvement (craked lips, strawberry tongue, injected pharynx)
    ii) Hand and feet (edema, desquemation, redness)
    iii) Eyes involvemnt (non purulent bilateral conjunctivitis)
    iv) Adenopathy (unilateral cervical lyinphadenopathy)
    v) Rash (polymorphous truncul scarlet fever like rash)
    vi) Temperature 5 days Treat with high dose IVIG and aspirin.....Complications COR ations -CORONARY